

**The effects of nuclear weapons. Credible nuclear deterrence, debunking "disarm or be annihilated". Realistic effects and credible nuclear weapon capabilities for deterring or stopping aggressive invasions and attacks which could escalate into major conventional or nuclear wars.**

Wednesday, April 14, 2021

Who is really behind this nuclear weapons effects blog? The story of John Bryan Cook, 87 - "secret" info about the real founder of this blog (updated 15 May with news of John's repeated alleged murderous abuse by Colchester Hospital and its law breaking palliative "care" liars)

Do not Resuscitate lying order by Dr Rasool Colchester Hos...



John Cook 28 April 2021 complaint against Joanna Seraphin...



From: nigel cook Sent: 15 May 2021 18:28 To: Christopher

Raynsford PC 42074890; Joanna Seraphin - ASC Social Worker; Chief Constable; phillippa.mills@essex.police.uk Subject: Murder evidence in lying Do not Resuscitate form signed by Dr Rasool of Colchester Hospital to Woodland View Nursing Home on 9 April 2021 which false claims John Cook, Ann and Nigel Cook had agreed/been consulted when in fact we have proof of the opposite RE: John Bryan Cook, b. 30 June 1933, home address 42 Pampas Close, Colchester, CO4 9ST. On Friday 14 May 2021 John Cook's new GP (Mill Road Surgery, Colchester) showed me in Room 19 at Woodland View Nursing Home, Turner Road, Colchester, additional murder evidence in lying Do not Resuscitate form signed by Dr Rasool of Colchester Hospital to

Woodland View Nursing Home on 9 April 2021 which false claims John, Ann and Nigel Cook had agreed/been consulted when in fact we have proof of the opposite. I was shown the form yesterday which is in John Cook's folder at the nurses' station, Woodland View Nursing Home, Turner Road, Colchester. I repeatedly tape recorded conversations with John Cook last month, including one on his Essex Council social worker Joanna Seraphin's voicemail as she requested, in which he freely stated he wanted to live not to die (ward manager Mark Smith and Dr Rasool then abused me for doing what Joanna asked. He wanted resuscitation. I was never consulted nor was Ann Cook RGN but Dr Rasool signed a form stating the opposite, i.e. deliberately lying and placing John Cook's life in imminent danger to cover-up attempted murder, after refusing to give blood tests or differential diagnosis information. I request that this evidence is photocopied by Essex Police for CID as murder attempt evidence. Thank you for your cooperation. Nigel Cook Sent from Mail for Windows 10



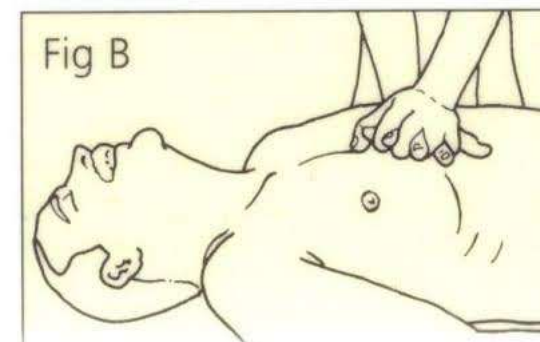


Date 3 May 1988

Commis

## Chest compressions together with mouth-to-mouth ventilation (CPR)

- Give **two breaths** of mouth-to-mouth ventilation
- Place heel of hand two fingers breadth above junction of rib margin and breastbone (see fig A)
- Place other hand on top and interlock fingers. Keeping your arms straight, press down about 4-5 cms, release pressure, keeping your hands in place (see fig B)
- Repeat **compression** at a rate of **80 per min**
- Continue resuscitation, **compressions**
- Only if the casualty's **check the pulse**
- If the pulse is present, **compressions but contin** necessary



John Bryan Cook (Radio Engineer St John Ambulance SouthWest Area ID card number S20 from 3 May 1988; *note that first aid CPR advice has now evolved to double the number of chest compressions per two rescue breaths than was the case in 1988 when it was 15 chest compressions then two rescue breaths, general advice now is 30 chest compressions the two rescue breaths, although obviously the best advice is tailored to the situation, so you may need to do far more to put air/oxygen into the lungs of someone who has inhaled water, smoke or gas for a long time, before chest compressions can pump oxygen around the body, than in the case of someone who simply has heart failure due to another reason like electric shock; a defibrillator is useful to diagnose fibrillator - rapid inefficient heart quivers - and to try to shock the heart back into a normal rhythm, but a few shocks from a defibrillator are definitely NOT a complete alternative to the large number of chest compressions, whose role is to manually operate pump blood around the body to re-oxygenate tissue prior to resumption of normal heart function*)

*"I wouldn't know, sir! I'm from Alabama!"*

- the hilarious reply that Vice-President Richard Nixon received during his visit to Accra, Ghana, in 1957, after Nixon foolishly asked a gentleman the ignorant question:

*"What does it feel like to finally be free from the yoke of slavery?"*



**Photo above:** "Nixon is in Accra for Ghana Fetes", *New York Times*, 4 March 1957: "ACCRA, Gold Coast, March 3 --Vice President Richard M. Nixon arrived today to represent the United States at the birth of Ghana as an independent nation Wednesday."

*But you never quite get the truth, the whole truth, and nothing but the truth from certain Yankie Doodle papers, and the truth is stranger and funnier than the fiction you do read in the papers...*

(For a version of this Nixon blunder, please see Martin Meredith's *Fate of Africa*.)

Ghana achieved independence on 6 March 1957, when **John Bryan Cook** arrived. Ghana was previously called The Gold Coast, by the British Empire. *Nixon attended to kick the hell out of colonist slave trading hell home Britain, but found a fellow Yank sticking his own conceit straight back into his crooked pipe, to be smoked at leisure.*

The Queen and the late great Prince Philip's 1961 visit to Accra, Ghana was attended by John Bryan Cook ,who was working as Accountant for Travel Services Limited in Accra, where he had been stationed by the London accountancy firm Midgley Snelling and Co. since 1957. When the beer put out hours earlier in ice buckets turned warm, John personally ran to get Philip a cold beer from the fridge, sticking to Philip who was funnier and had fewer people around him than the Queen, who was constantly surrounded by a huge crowd, John recalls.













**Photos above:** Queen Elizabeth II dances with the first Ghanaian President, Kwame Nkrumah, in Accra, Ghana, in 1961. John Bryan Cook was invited, being Accountant for Travel Services Limited in Accra, Ghana, and stuck to the late Prince Philip rather than the poor crowded in Queen Elizabeth II, running to get him a cold beer when he was thirsty, he recalls.



**Photo above:** John Bryan Cook on left in 1961 in the Ghanaian jungle at the traditional tribal village wedding ceremony of his colleague outdoors where he caught malaria from mosquitoes and was seriously ill with hot-cold fever and then malarial relapse jaundice and anaemia. He had only accepted this commission to go to Accra, Ghana in 1957 in the first place (*Travel Services Limited, Ghana, was the company privately owned "for fun" by the partners of London accountancy firm Midgeley Snelling and Co*) because he had poor lung health, having caught TB in 1945 like George Orwell, and barely survived as a living skeleton with damaged lungs, requiring constant warmth to avoid pneumonia (easier in Ghana than in cold London winters).

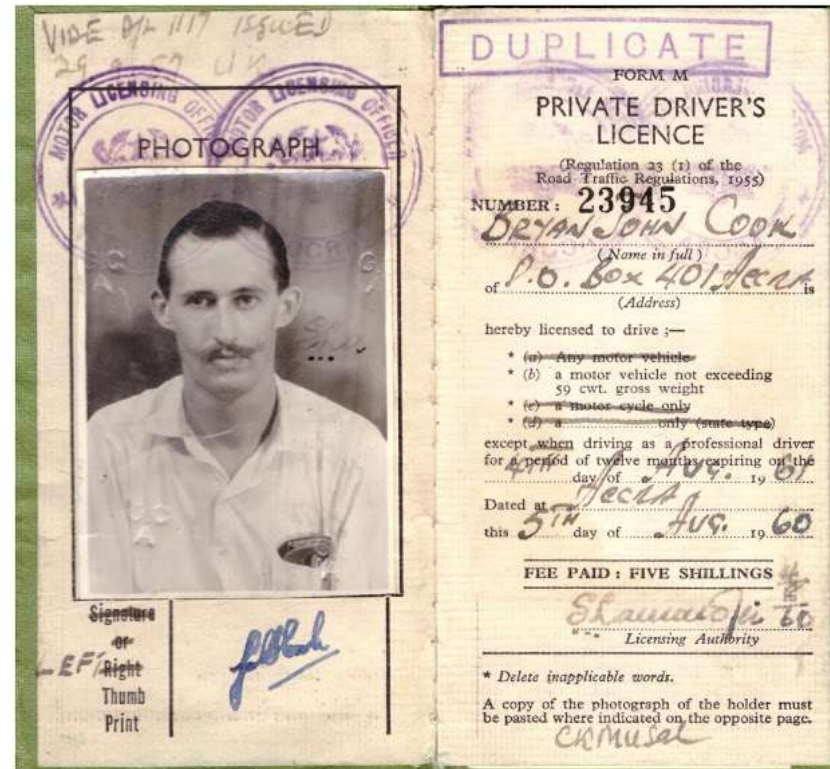


**Photo above:** John's 1960-61 Ghanaian (Accra) driving licence photo (the name written in jumbled form as "Bryan John Cook" is an error by the Ghanaian authorities!). The next page after this shows it was renewed also from 23 August 1961 to 22 August 1962. After 1962, John moved from Accra, Ghana, to Lagos, Nigeria, taking up the position of accountant for the old Cornish mining equipment firm, Holman Brothers Ltd, who were supplying road building equipment to the newly independent country of Nigeria, which became independent of the horrid British colony slave trading empire on the glorious day of 1 October 1960. John worked for that firm in Lagos until his third and worst bout of malaria in 1969, during the inter-tribal Nigerian-Biafra Civil War. When on his travels in the country to distant company branch offices, during this Biafran War, John chanced to encounter a writer, Frederick Forsyth, BBC/Reuters correspondent (later fired from the BBC, now an author) at a hotel bar, sympathising with him on Harold Wilson's terribly murderous hypocritical decision to sell arms to Federal Nigeria to fuel genocide of the poor Biafrans, who only asked for a fair share of the Niger Delta oil profits which Federal Nigeria was sucking out of the local Biafran's lands around the oil fields (the Federal Government was then based in Lagos, before Abuja became the capital in 1991). This encounter, together with John's startling 1950s nuclear weapons secrets training experiences as a UK Civil Defence Corps Intelligence Section Advanced (red-badge) Instructor (which he did in lieu of National Service, having been rejected due to his tuberculosis (TB) ill health) trained at the Easingwold Civil Defence Staff College in Yorkshire (where he met Britain's leading Home Office Scientific Advisory Branch nuclear weapons testing effects experts), led to this blog as explained on the previous post **where John pointed out that the 55,000,000 British C7 gas/biological virus general purpose civil defence masks stockpiled until 1968 would prevent the pandemic if worn where covid transmission was possible for two weeks, since the virus as a surface contaminant only survives a few days!**





Professional Driver's  
Left Thumb Print.

Signature/Mark of Licensee

Witness to Mark

CLASS "B" 94712

20/

PRIVATE DRIVER'S  
LICENCE

(Regulation 19 (7) (i) of the  
Road Traffic Regulations 1948)

of 14th March 1963 is hereby  
licensed to drive:—(a) a motor cycle only (b) a motor vehicle not exceeding  
59 cwt gross weight (c) any motor vehicle for a period of twelve months  
expiring on the 20th day of Aug 1963

DATED at 20th day of Aug 1963

Johnathan Redd Capata

ORIGINAL

LAGO 21 AUG 1963

Form L

Summary of Conditions attached



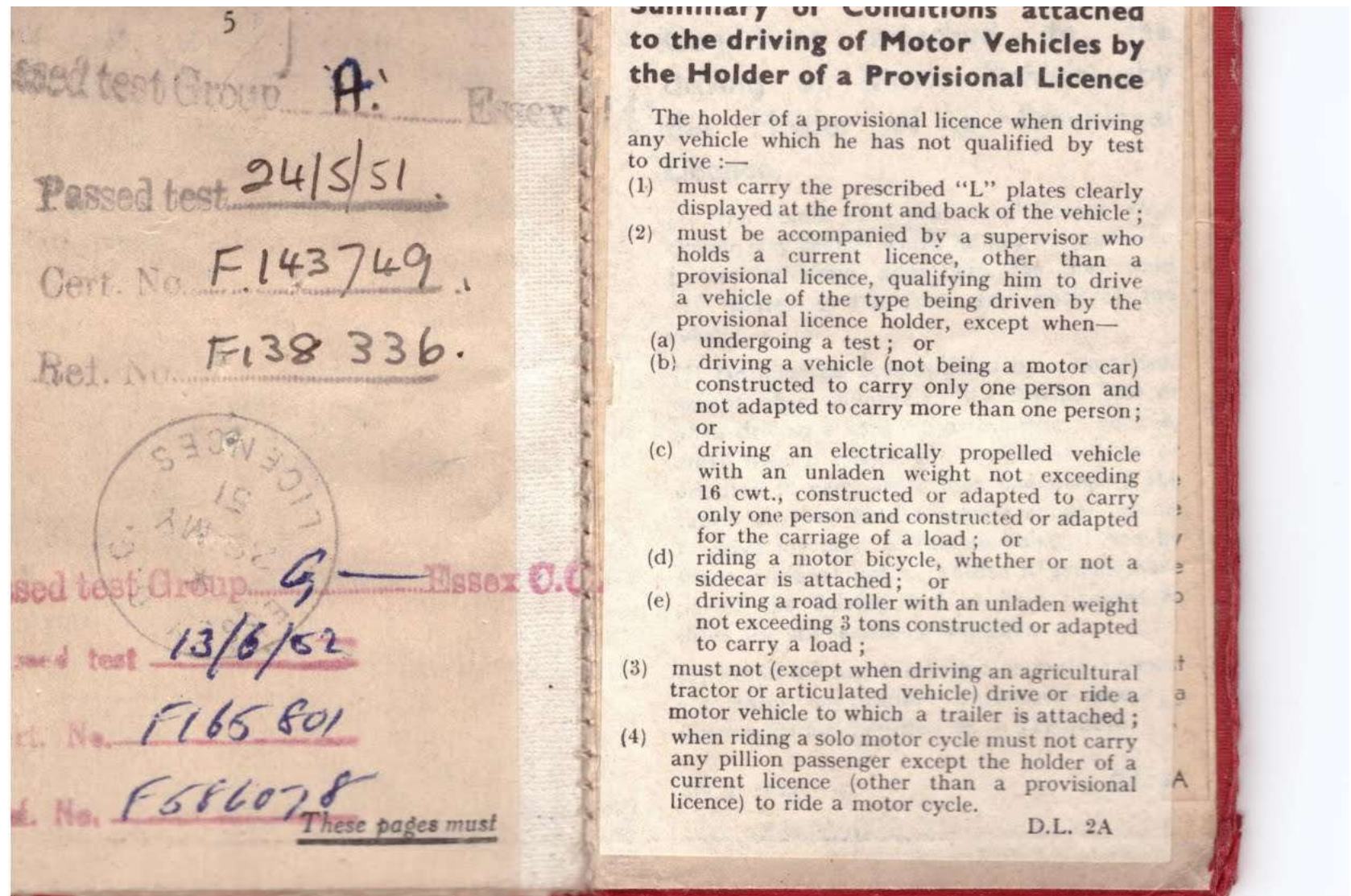
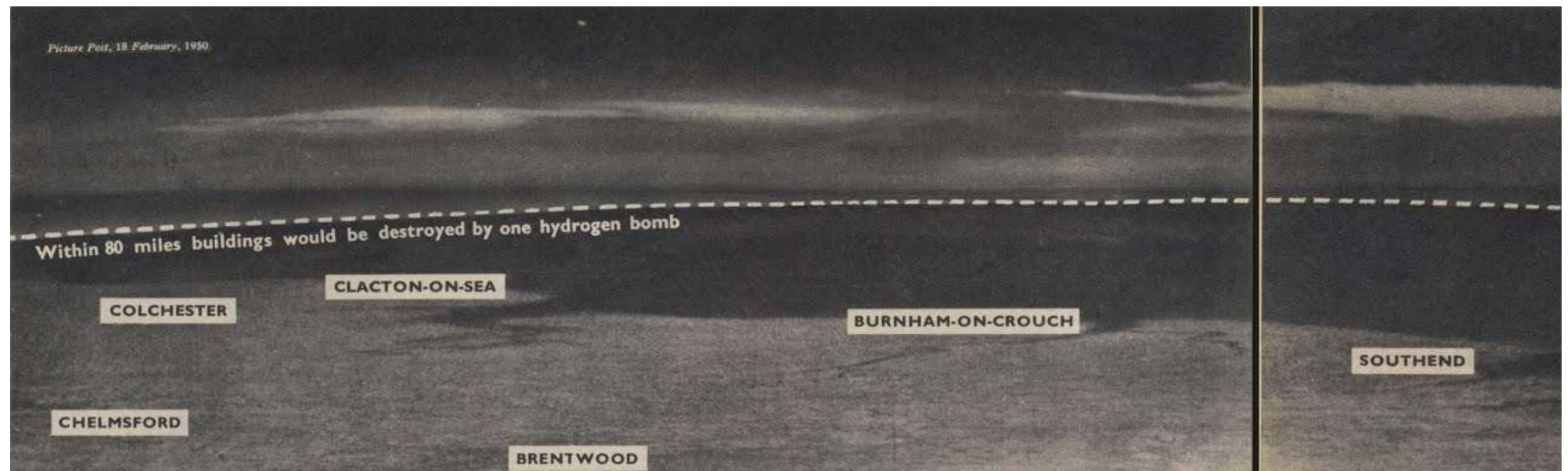


**Photo above:** John Bryan Cook proudly wearing a UK Civil Defence Corps Instructor's Enamel Lapel Badge on his jacket in his 1962 Nigerian driving licence photo (you can even see from the driving licence that he was then living at 14 Marine Road, Apapa, Lagos, Nigeria), and his less fancy 1951 UK driving licence showing the extra driving test he needed for special Civil Defence Corps vehicles! The Instructor badges came in two colours, basic (blue, from the local instructor course) and advanced (red, from the Easingwold Staff College graduation in Yorkshire). See photos of badges below (also his father Harold Cook's silver medal from his finals in the 1931 Certified Accountants exams, which he was proud of, having been raised by a poor bricklayer and studied while working as a clerk; note Harold had heart failure and died aged 48 in 1954, a condition diagnosed during his 1939 RAF medical examination; in WWII he worked in the Essex Police War Reserve in Colchester as a Special Constable during the heavy air raids in Paxman's engine factories and military clothing factories in **heavily-defended Colchester** as German bombers **dumped bombs enroute to London when missions were aborted**, damaging 275 houses north of Colchester's Army Garrison in October 1942 and demolishing a hospital at Severalls, Colchester in August 1942 causing 63 casualties, and **many other raids which have yet to be compiled from diaries and newspaper clippings for the shamefully disregarded**

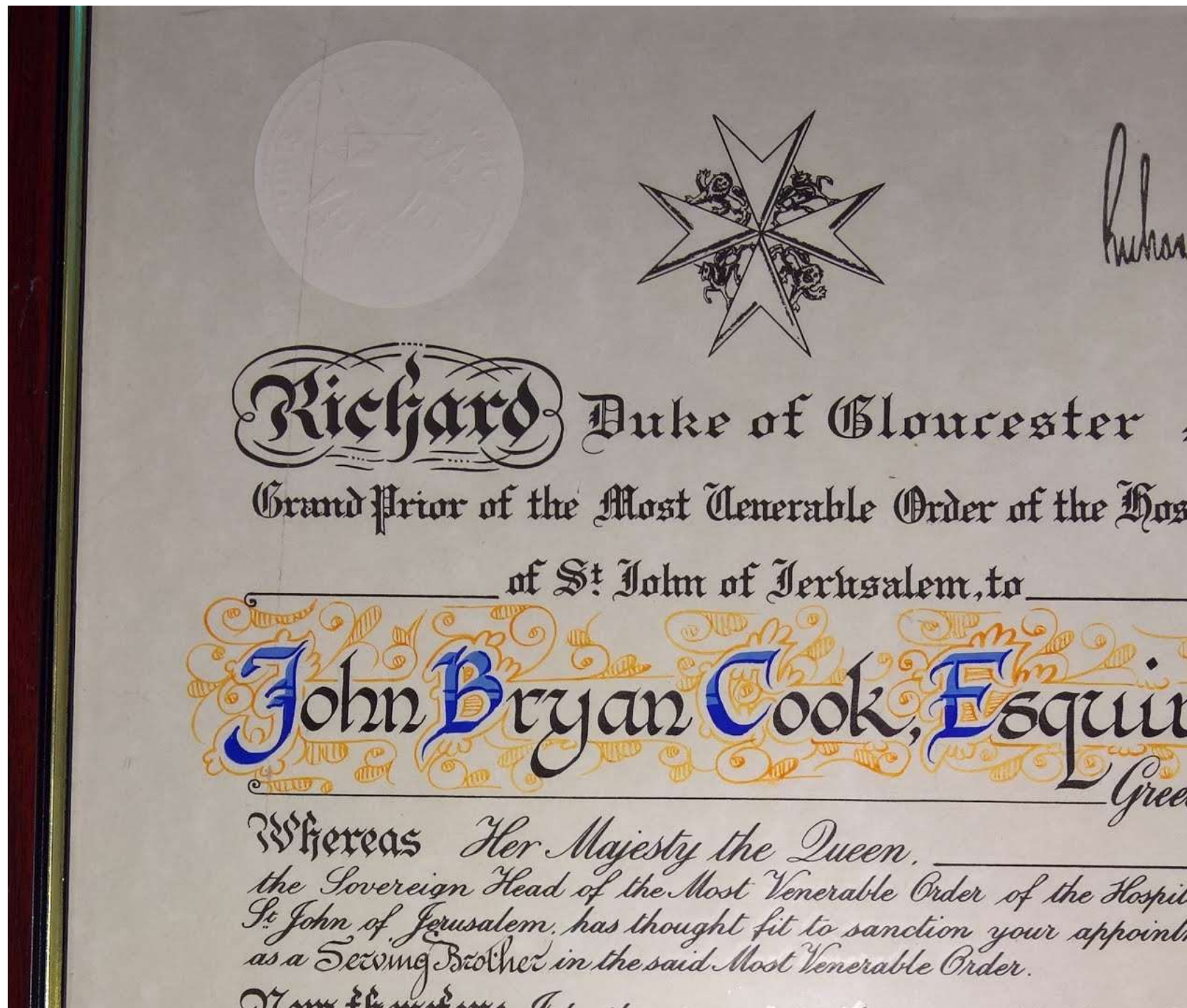
war history of the town: "In no particular order, bombs hit the areas of Chapel Street, South Street, St Botolph's Corner, Scarletts Road, Old Heath Laundry, the Sewage Works, Ipswich Road, Vint Crescent, the Wash House of the Maternity Hospital, Park Road etc. There were many fatalities ... my great aunt and her daughter survived, luckily, by sheltering under their kitchen table." - Heather Johnson, Capel Road, Colchester; "On 26 August [1940] Eric Rudsdale saw a large-scale dogfight above Colchester ... On 24 August 1940 German bombers dropped several bombs on London and Churchill ordered retaliatory attacks on Berlin. Hitler was enraged and authorised a massive bombing campaign against London, promising to raze it to the ground." - Paul Rusiecki, *Under Fire: Essex and the Second World War*, pp. 38-40; there were also **deliberate air raids on Colchester on 28 and 30 September 1942, by German bombers, as listed in the WWII database**). John was also a member of the Handlebar Club for his moustache, which Ann forced him to shave off as a condition to marriage! (See handlebar cuff links!). Also Holman Brothers lapel badge from his firm in Nigeria. Below the Civil Defence badges is a typical Picture Post 18 February 1950 anti-nuclear H-bomb media scare story - completely wrong in every detail (claiming that Szilard's gigaton bomb, which is mythology, would blow up Australia!), showing **the kind of propaganda John Cook had to debunk to new recruits to the Civil Defence Corps** (see also posts [here](#), [here](#), [here](#), [here](#), [here](#), [here](#) and [here](#), plus the [PDF linked here](#)): -











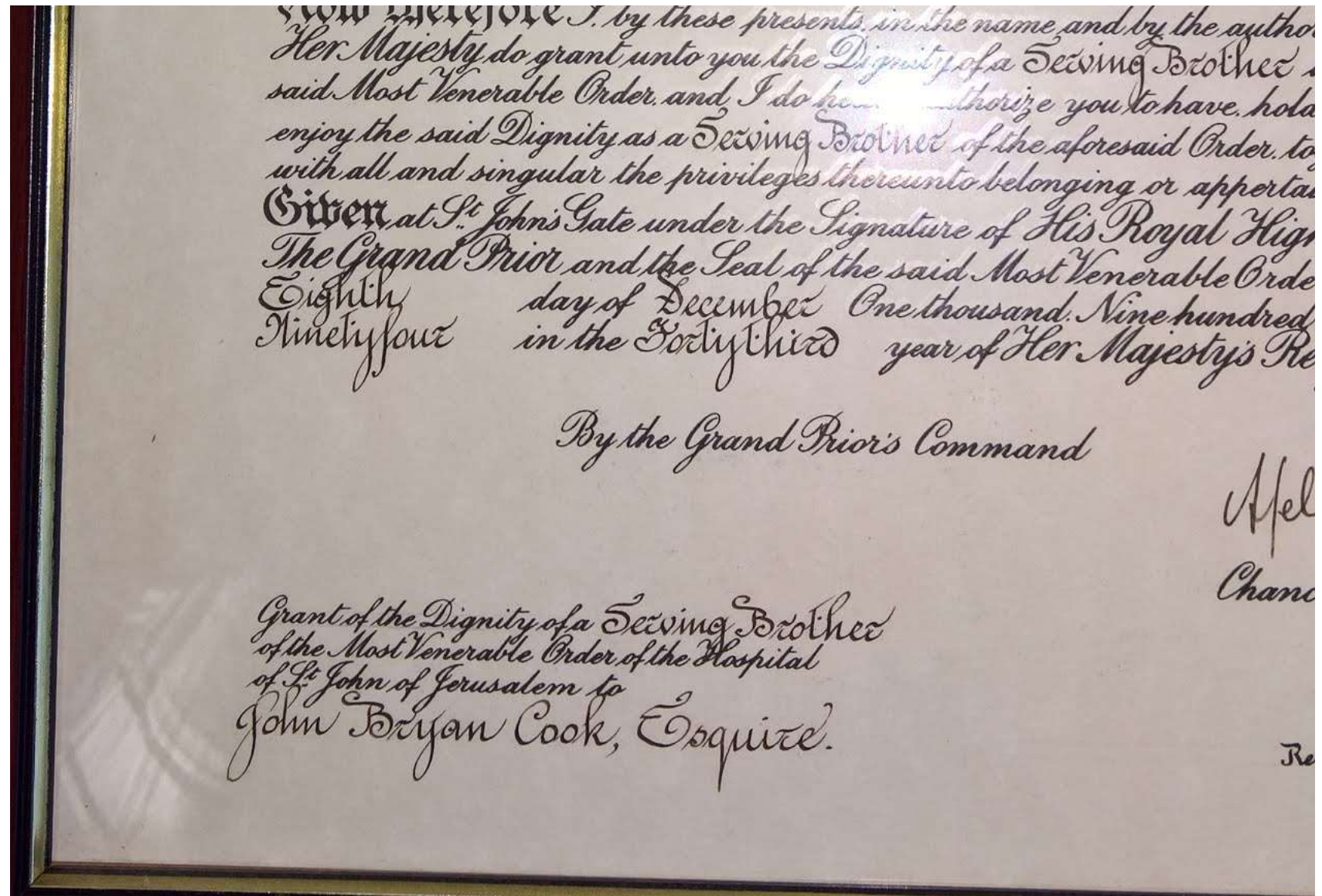
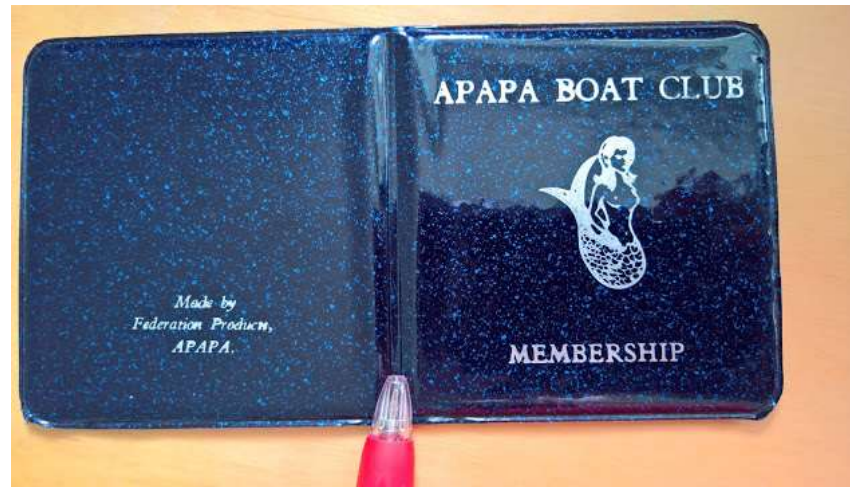


**Photo above:** John helped with radio communications for the Kingston-upon-Thames branch of the St Johns Ambulance Association and is a Serving Brother of the Order of St John in consequence. This was because, as well as sending weapons to Lagos in the Nigerian civil war to enable the government to butcher the poor Biafran rebels who wanted their share of the profits from the oil being pumped out of their local Niger river Delta, *hard left wing Harold Wilson* had also listened to lying propaganda from CND about civil defence and so closed the UK Civil Defence Corps in March 1968. So instead of re-joining that on returning to the UK in July 1969, John helped the St Johns Ambulance Brigade, having already done advanced first aid and advanced driving in the UK Civil Defence Corps. He had also a passion for electronics since a boy, when he had built his own radio and TV set from scratch, so he was able to repair and recycle broken two-way radios for the St John Ambulance Brigade, saving money.



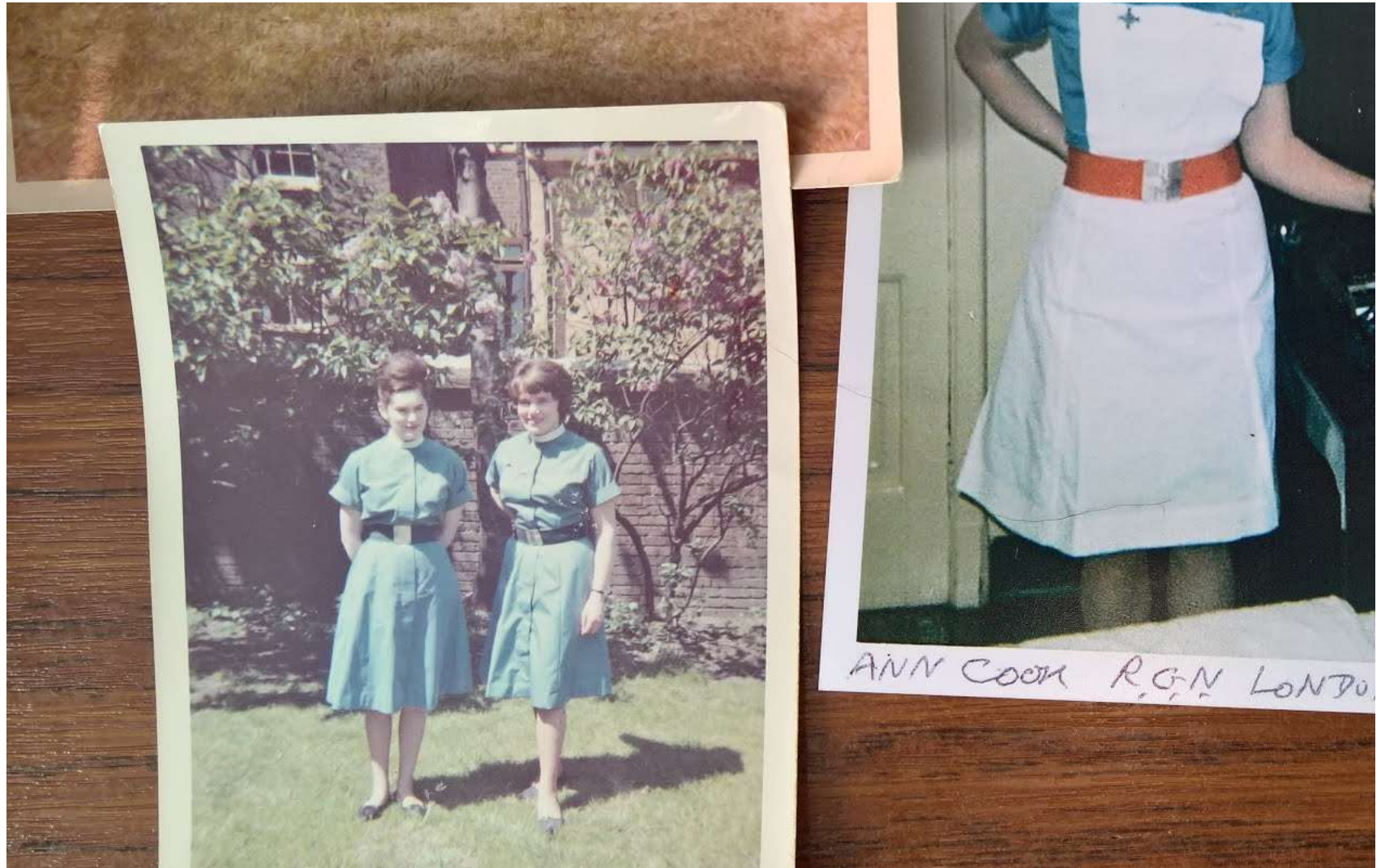






**Photos above:** why John was fit enough to lead an active life despite having his lungs and body ravaged by TB at the age of twelve in England, namely his seven years of regular, healthy sea sailing as founder member number 61 of the Apapa Boat Club, Creek Road, Apapa, Lagos, Nigeria (he lived a short distance away at 14 Marine Road, Apapa, for the years 1962-9). He kept the plastic member's pass (in photos above), which looks as new and modern as if it had been made yesterday! Their logo is still a mermaid, over fifty years after he left in June 1969, to get married in England the next month.





**Photos above:** the girl who stole John's heart, Annie Cook (who prefers the shorter word "Ann") *nee* Shanley with her best friend Kitty, both RGNs (State Registered Nurses, then called SRNs, but now called RGNs, Registered General Nurses), at the London Clinic in 1966. Ann, now 88, one of ten kids in the farming Shanley family, arrived in London in September 1951, having applied successfully by letter from her home town Roosky, County Leitrim, Republic of Ireland, to train for the newly created NHS at St Anthony's Hospital, Cheam, Surrey, to become a State Registered Nurse. Cheam is a small place beside the large town of Kingston-upon-Thames, which she loved. St Anthony's Hospital is affiliated with St Michael's Hospital, Hayle, Cornwall. Ann spent her first year training at St Michael's in Cornwall, which she loved, then three years at St Anthony's, Cheam. She then did a year long course in general hospital ward nursing at the Holy Cross Hospital, Haslemere, Surrey. Finally, she went to the Hammersmith Hospital, Ducane Road, London for a long experience-led course in intensive care, used then mostly for heart operation patients and others having major surgery. But how did they meet? Dad had a malaria relapse on leave in England in 1968, and says Ann was his malaria nurse at the London Clinic! (So even illness may have a small silver lining, somewhere, if you are lucky enough.) Kitty and Ann, both pictured above, lived in London Clinic nurses quarters at 5 St Marks Square, Regents Park, London, NW1. They would walk across Regents Park to the London Clinic in Devonshire Place. Ann spent three years, 1966-9, working at the



private London Clinic for cases such as malaria and also celebrity facelifts such as that for Wallis Simpson, wife of the former King Edward VIII. (Edward, a frail elderly gentleman, popped in with a nightdress in Marks and Spencer's bag for Wallis, after she had to be returned to surgery for additional stitches, when a wound opened in post-surgical recovery.) Another celebrity patient she nursed was the last king of Italy, Umberto II, who was exiled to Portugal and his entourage invited her and other nurses back (Ann and another London Clinic nurse, Helen Barry, were invited to visit his exile in Italy by Umberto II's private doctor, who visited Umberto II at the London Clinic; the leggy photo above on the beach was taken during their trip to Umberto II's doctor in Portugal, with Helen cut off the left side of the photo in this enlargement!). After marriage in 1969, Ann moved first to North London, then to Twickenham from 1970-2, and finally to Chertsey, where she worked part-time as ward manager at St Peter's Hospital on geriatric, urology, pediatrics, and others until retirement from the NHS in 1991. It was a different ward each shift, so she sharpened her memory for names and extended her experience of different areas of specialised nursing. After retirement from the NHS in 1991, she continued nursing for the agency Inter-County Nursing Services, Burnham, Slough until 1993, and then worked from 1993-1998 for Friends of the Elderly, Victoria, London, providing qualified RGN nursing care in their homes in North West Surrey. For putting off her retirement, she was on 5 June 1998 awarded extra pension funds by the government's DHSS for putting off her retirement to provide extra help to those in need at a time of overload crisis for the NHS. She moved with her husband to his home town of Colchester in 1999, after his retirement. Altogether she has 48 years of hospital ward and geriatrics nursing experience.



**Photo above:** John Bryan Cook at Colchester Hospital on 5 September 2020, 1724hrs. They refused to give him adequate sodium or to work out amount needed to avoid hyponatremia, which causes collapse and hospitalisation according to NICE guidelines at 125mEq/L of blood, while the normal is 140+/-5mEq/L units! John was discharged unable to safely climb the stairs at home, with just 127 mEq/L showing on his Discharge Summary from Colchester Hospital, causing collapse and injuries to his wife and son!



**Photo above:** Ann in April 2021 after major injury to both hips caused directly by Johns illegal discharge unfit from Colchester General Hospital in Turner Road and three subsequent re-collapses due to Dr Suresh and Colchester Hospital's alleged criminal abuse.

We will publish all the evidence on this blog post for the media (permitted under the "Fair Trading" Clauses in the Copyright Acts for investigative journalism, criticism, and objective reporting):

I mis-typed Pippa Mills' email address, it is actually phillippa.mills @ essex.police.uk so will re-send with the correct email address so she can handle this very urgent complaint if Chief BJ is away. Cheers.

Sent from **Mail** for Windows 10

**From:** nigel cook>

**Sent:** 18 April 2021 06:58



**To:** john cook; Jeremy.cook@wanadoo.fr; jill@e-v-a-n-s.net; Joanna.Seraphin@essex.gov.uk>Joanna Seraphin - ASC Social Worker;  
mailto:nigelcook@quantumfieldtheory.org">Nigel Cook; mailto:Ben-Julian.Harrington@essex.police.uk>Ben-Julian.Harrington@essex.police.uk>;  
mailto:allport.comms@gmail.com>Richard Allport>  
**Cc:** pippa.mills@essex.police.uk>; Jill Evans>; Jeremy.cook@wanadoo.fr>  
**Subject:** RE: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

ALL - Just a quick update. I have just spent the whole night sorting through approximately 97 voice tape recordings, photos, emails and videos of wilful attempted murder of my father by Colchester Hospital since August 2000, which caused severe injuries to myself and my mother.

Action is urgently needed since my mother, dad's retired Registered General Nurse with 48 years NHS hospital ward experience herself, was injured severely as a result of dad's illegal discharge home in an unfit state on 10 September 2020 and is due to have hip surgery at 7am 22 April 2021 (this coming Thursday morning) at the same hospital that abused dad.

She feels threatened by the abuse. Dad has just been illegally discharged as a bed blocker using the "palliative discharge mechanism", only permissible for severe dementia or terminal cancer, whereas dad just has wax blocked ears and anaemia (the anaemia due to Dr Suresh refusing to take him off Apixaban to which he had a strong allergy and which caused anaemia through massive blood loss). This palliative discharge route is illegal as it bans dad from receiving any life saving treatment, just painkillers.

I will inform all news outlets once I have prepared the evidence for attempted murder under the Criminal Attempts Act 1981 section 1(1) since this so far seems to mum Registered General Nurse (retired) and myself (physicist and technical author for Electronics World magazine and other publications, and for the past year now full time carer for parents, while programming for retired police officer Richard Allport who runs an auction site).

I will be informing everybody I can in Essex Police about this outrage as well. My client Richard Allport, retired police officer, informs me that under fair trading Copyright Act clauses I am able to publish the evidence, and he suggested at 6.30 am this morning (18 April 2021) that I hire a barrister urgently, namely Basil Hillman of the London legal firm Inn on the Greys to prosecute in the event that Essex Police continue to be hoodwinked by lying abusers of dad in the hospital where mum has surgery on Thursday!

Essex Police Colchester officer Rub Huddleston has failed to investigate this since it was reported to him last year, allowing Colchester Hospital to continue to abuse patients in its efforts to meet Government targets for discharge and bed blocking elimination "performance", irrespective of killing patients. This is a repeat of the Dr Harold Shipman scandal from twenty years ago, where another police force failed to prevent numerous deaths by refusing to investigate evidence of attempted murder.

Please help me and my family by reviewing all of the evidence I have collected. I am prepared to pay personally £10,000 to Essex Police immediately to help finance a major investigation to save lives.

Regards,

Nigel Cook

Son of John cook

Sent from **Mail** for Windows 10

**From:** john cook>

**Sent:** 17 April 2021 11:37

**To:** Jeremy.cook@wanadoo.fr>; Jill Evans>; Joanna Seraphin - ASC Social Worker>; Nigel Cook>

**Subject:** Fw: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 17 April 2021 11:37

**To:** Aaron Pottle <apottle@fjg.co.uk>

**Subject:** Fw: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

CC. of emails (bwlow) sent to both Essex Police Chief Constable BJ Harrington and Colchester's pen pushing bureaucrat Chief Inspector Rub Huddleston. We do need a barrister in criminal law very urgently for public relations (press and TV releases) then High Court action. May need a very rare (costly) private Criminal Prosecution if police are time-wasters.

I can help a little with evidence transcription/proof-reading etc after Thursday morning, when both parents will be in care.

Fortunately mum is going to a ward, Great Tey, the other end of the hospital to D'Arcy so hopefully won't be interfered with by culprits, but I'd prefer them suspended/banned from the hospital PRIOR to mum being admitted to Colchester Hospital 7am 22 April.

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 17 April 2021 10:32

**To:** Ben-Julian.Harrington@essex.police.uk <Ben-Julian.Harrington@essex.police.uk>

**Subject:** Fw: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

Just keeping you informed subsequent to my letter to the Chief Constable of Essex Police which went unanswered last year concerning attempted murder:

**From:** john cook <johnbryancook@hotmail.com>  
**Sent:** 17 April 2021 10:26  
**To:** rob.huddleston@essex.police.uk <rob.huddleston@essex.police.uk>  
**Subject:** CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

Dear Chief Rob Huddleston,

Just keeping you informed that we have no reply regarding attempted murder under the Criminal Attempts Act 1981 section 1(1) so will be writing with full video and audio taped evidence.

Kind regards

**From:** john cook <johnbryancook@hotmail.com>  
**Sent:** 13 April 2021 15:48  
**To:** 73469@essex.police.uk <73469@essex.police.uk>  
**Subject:** Fw: FORCED TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL TOMORROW

Recordings 34 attached is where dad and myself are abused by Mark Smith and later Dr Rasool standing blocking my way again, spoiling my booked visit to my dad just as Mark Smith did on Easter Sunday, just for calling Joanna's voicemail as she requested (near end of recording 32, also attached) to get dad to prove that dad could make a decision to live or die. This was stressful enough without the abuse of Mark Smith shouting at me that he doesn't want his voice to be recorded on Joanna's Essex council social services voicemail, when he had no need to enter room during my visit to start objecting. If this isn't a public order offence, please let me know.



Please also let me know what actions if any have been done against ECL regarding dad's complaint about their coercion of me into bringing a bed downstairs by myself for dad to sleep in (as proved even in the ECL log book by the person responsible for this abuse of me), on 10 September 2020 when dad was discharged before a stairlift could be installed and when his blood sodium was at the NICE threshold for collapse and without enough physiotherapy to climb the stairs. I had curvature of the spine in a 2008 x-ray and my back still hurts badly, the GP won't do anything. This kind of coercive blackmail of me by ECL, which when I complained led to lies about me installing dangerous bathlifts and stairlifts when they were installed by reputable companies not me, is surely also a police matter?

Thank you for your help. I know you have lots to do.

Kind regards,

nigel cook on behalf of dad, John Cook

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 09 April 2021 05:32

**To:** England, Alyce <Alyce.England@esneft.nhs.uk>; Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>; PALS <PALS@esneft.nhs.uk>; nigelcook@quantumfieldtheory.org <nigelcook@quantumfieldtheory.org>; express.expressletters@reachplc.com <express.expressletters@reachplc.com>; Joanna Seraphin - ASC Social Worker <Joanna.Seraphin@essex.gov.uk>; SURGERY, Highwoods (HIGHWOODS SURGERY) <highwoodssurgery@nhs.net>

**Subject:** Re: FORCED TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL TOMORROW

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 09 April 2021 05:17

**To:** Maheshwar, Arcot <Arcot.Maheshwar@esneft.nhs.uk>; England, Alyce <Alyce.England@esneft.nhs.uk>; Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>; PALS <PALS@esneft.nhs.uk>; nigelcook@quantumfieldtheory.org <nigelcook@quantumfieldtheory.org>; express.expressletters@reachplc.com <express.expressletters@reachplc.com>; Joanna Seraphin - ASC Social Worker <Joanna.Seraphin@essex.gov.uk>

**Subject:** Re: FORCED TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL TOMORROW

Dear Everybody in Field Boxes Above,

We have received no answers to any of my specific information requesting emails whatsoever for over a week (the last email reply we received was on Thursday of last week, from Dr Rasool and Sister Alyce England).

John Cook had childhood TB (tuberculosis) in 1945 which affected his lungs and makes him vulnerable to severe flu requiring amoxicillin or other treatment if the inhaled air temperature (regardless of blankets over him) is below 23C. His hands become cold as a first symptom. I had to place my own woollen hat and coat over him when he had a relapse on Easter Saturday, requiring oxygen, this can be followed by malarial relapse of serious flu (at home he always has the house at 25C, wears a jumper, bodywarmer, and a woollen hat - only removing the woollen hat if he starts sweating). He is not "frail" in the old-age sense of likely to imminently die in Dr Rasool's sense, if well loved and cared for, for HE HAS HAD THIS PROBLEM SINCE AGED 12, due to lung damage then by TB infection. After the pneumonia and sepsis of three weeks ago, we feel that any deviation from this is a deliberate act of harm against John, since it threatens his life.

In Woodlands View nursing home, Turner Road, Colchester, this is easily arranged, as it was successfully when he stayed there for a week in March 2020 (a year ago). He feels safer there also because his family can visit him as it is right beside his home, under 1 mile away (walking through Highwoods Country Park from his home, 42 Pampas Close, Highwoods, Colchester, CO4 9ST).

He is now being forceably, against his fully-informed choice of expressed wishes, which we have recorded. After being given full information on how the family have underwritten the costs (£55,000) for him to stay in Woodlands View Nursing Home, Turner Road, Colchester, for one year's recover, and after being fully informed by being read all Google views of both Oaks Care Home and Woodlands View, when freely asked where he would prefer to go, he replied decisively "Woodlands View".

I was pressurised and coerced myself (taping the conversation) by the Director of Nursing and Sister Alyce England (two people against one) in the waiting room into accepting their poor decision to go to Oaks Nursing Home instead. I feel personally, as does John Cook and my mother, retired qualified nurse (RGN with postgraduate qualifications), and particularly with a lifetime of experience in coping with John Cook's medical problems, that the conversation was unsatisfactory and that we needed yet again to contact the police. They kindly listened to the tape recording of John Cook stating he, after being fully informed by myself of all the vital information, prefers to go to Woodlands View to survive and prosper, where he can better control his room temperature to avoid early death from a respiratory infection or other illness.

The police accepted the voice recording of John Cook expressing his informed wish to go to Woodlands View nursing home, not the Oaks Care Home. They instructed me to take John Cook's complains to the Quality and Care Commission immediately.

I have also this evening phoned Joanna Seraphin, whom I personally trust, and who helped us last year when we had issues over getting reliable physiotherapy for John Cook (it was a very similar situation to this one) for her opinion of the Oaks Care Home in Lexden (which is currently not accepting any visits whatsoever, according to its website) and she points out that it is approved by Essex Council and that she has visited it and personally feels it may be OK for John. However, John himself, now fully informed with the information required to make an informed decision, has chosen Woodlands View. I agree with John.

Kind regards,

Ann Cook RGN (retired), wife and next of kin of John Cook, Serving Brother of the Order of St John (St John's Ambulance Association)

and Nigel Cook (son)

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 07 April 2021 03:43

**To:** Maheshwar, Arcot <Arcot.Maheshwar@esneft.nhs.uk>; England, Alyce <Alyce.England@esneft.nhs.uk>; Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>; PALS <PALS@esneft.nhs.uk>; nigelcook@quantumfieldtheory.org <nigelcook@quantumfieldtheory.org>; express.expressletters@reachplc.com <express.expressletters@reachplc.com>

**Subject:** Re: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

Here is the first report my son wrote for me (I can't walk, have two replacement hips that are dislocated). This is detailing abuse on D'Arcy Ward by Sister England and I copy and paste from Microsoft Word:

1.30-2.30pm Friday 26 March 2021 visit to John Cook, D'Arcy Ward, Colchester Hospital

1.

When I arrived, a nurse took me aside and abusively started to tell me John Cook needs to go to a hospice because he is not eating or drinking and has in declining health this way for a long time. She eventually said that I was welcome to try to get him to eat and drink. She declined to state whether he has had iron injections for low haemoglobin, and she declined to say whether he was still on antibiotics or not. No useful information, she treated me like an idiot which is in my opinion abusive behaviour, seeing the condition of dad. But I politely thanked her to avoid problems.

2.

I changed his over-ear hearing aid batteries (his right ear one was finished) and explained to him that the doctor called this morning and spoke to mum about his refusal to eat and drink. I asked him to try to drink and he took a sip and then had a coughing fit as the water hit the dry epiglottis at the back of his mouth and moisturised it. After a relatively long delay of about 20 seconds (no sooner!) later he was able to finish the plastic child's cup of water in sips, being reminded constantly by me (speaking near his ear so he could actually hear me – which is impossible w2ithout shouting even 1 foot away due to hardened wax in ears which Dr Mashewar has not microsuctioned since July 2020!). He then had a 200ml strawberry protein/energy milkshake in the same way, but drinking in small sips from the bottle. Finally, I refilled the water cup and he drank that as well. Total fluid intake approx .5 litre. Conclusion: dad's "difficulty swallowing" is ONLY FOR THE FIRST SIP, and if you have the time to persevere you can get him to drink plenty of water and nutrition!

3.



A nurse came to take dad's blood pressure and pulse during the visit: 129/70 pressure (fine for him) but high pulse of 89. I politely asked whether he was on digoxin to slow his high pulse, but the nurse declined to give any answer.

We need to competently get basic questions clearly answered in "yes" or "no" way, but vague patronising incompetence

**From:** Maheshwar, Arcot <Arcot.Maheshwar@esneft.nhs.uk>

**Sent:** 06 April 2021 21:03

**To:** johnbryancook@hotmail.com <johnbryancook@hotmail.com>; England, Alyce <Alyce.England@esneft.nhs.uk>; Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>; PALS <PALS@esneft.nhs.uk>; nigelcook@quantumfieldtheory.org <nigelcook@quantumfieldtheory.org>

**Subject:** FW: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

Dear Mr Cook

As we discussed over the phone this evening, Mr John Cook has been my NHS "choose and Book" patient at Oaks hospital since October 2017 for microsuction of wax in his ears

As he is currently admitted at Colchester General Hospital, he was unable to come to my clinic last week at Oaks hospital for his regular microsuction

My registrar, Ms Munira Ally, visited Mr Cook at Darcy ward yesterday (Bank holiday Monday) with a view to perform microsuction.

As our microsuction equipment is on Mersea ward, Mr Cook would have needed to be transported from Darcy ward to Mersea ward.

I believe Ms Ally was informed that Mr Cook was too unwell for this and hence she couldn't perform microsuction

As I also mentioned, Mr Cook's treatment will be under the present team of specialists.

The ENT team will perform microsuction when it is feasible to do so.

Kind regards,

***Mahesh***

Mr A Maheshwar

Consultant ENT and Head & Neck Surgeon

Sec: 01206 487126

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 06 April 2021 16:03

**To:** Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>; England, Alyce <Alyce.England@esneft.nhs.uk>; maheshwar\_arcot@hotmail.com <maheshwar\_arcot@hotmail.com>; Nigel Cook <nigelcook@quantumfieldtheory.org>; PALS <PALS@esneft.nhs.uk>

**Subject:** Re: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 06 April 2021 16:02

**To:** Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>; England, Alyce <Alyce.England@esneft.nhs.uk>

**Subject:** Re: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

Because the malarial relapse parasites *P. ovale* can reside in the liver and cause serious disease in low blood concentrations, it is not always easy to detect them, which is why myself as well as John Cook himself and John Cook's Highwoods Surgery GP Dr Ashok Kumar (who has experience first hand from his regular work in India, where I believe he is today) have never managed to detect recurrent malaria in a blood test on John, although Dr Kumar's prescription anti-malarial proved effective. See some of the problems here:

“The challenge of diagnosing *Plasmodium ovale* malaria in travellers: report of six clustered cases in french soldiers returning from West Africa”

by

Franck de Laval, Manuela Oliver, Christophe Rapp, Vincent Pommier de Santi, Alexandre Mendibil, Xavier Deparis & Fabrice Simon

Malaria Journal volume 9, Article number: 358 (2010)

- <https://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-9-358>

states:

“... Unfortunately, all available rapid antigenic tests currently lack sensitivity to *P. ovale*...

**“...When the diagnosis of imported *P. ovale* malaria is suspected, routine microscopic searches with thick and thin blood smears should be repeated, up to three times and in an expert laboratory, if possible [9]. Considering the high sensitivity and specificity of molecular detection of *P. ovale* using PCR [Polymerase Chain Reaction to multiply small samples of Malarial parasite DNA, invented by Kary Mullis in the 80s and used for the most reliable covid tests], this tool marks real progress in confirming the diagnosis, although it is still not routinely available [5, 7, 16]. It can be used as a second-line diagnosis tool to identify infra-microscopic parasitaemia, especially for unexplained relapsing fever in travellers.**

“The treatment for proven attacks is based on chloroquine (25 mg/kg for three days). The treatment against dormant stages in the liver consists of a radical cure with primaquine (0.5 mg/kg/d for 14 days) in patients without G6PD deficiency [17, 18]. Failures of primaquine are unusual, mostly due to poor observance or inadequate dosage [19].

**“To date, diagnosing *P. ovale* infection in travellers returning from endemic areas is still a challenge for physicians and requires repeat microscopic searches to detect low parasitaemia. As PCR is not a routine tool, there is a real need to improve the sensitivity of rapid diagnostic tests for this plasmodial species.”**

ALSO:

PLEASE note that even PCR tests can be fooled! See for example:

"Molecular tests (tests that look for DNA material from *P. ovale* in blood) must take into account the fact that there are two subspecies of *ovale* and tests designed for one subspecies may not necessarily detect the other.[13]"



- [https://en.wikipedia.org/wiki/Plasmodium\\_ovale](https://en.wikipedia.org/wiki/Plasmodium_ovale)

"Relapse occurs in P. vivax and P. ovale infections through the activation of hypnozoites in the human liver." – Manas Kotepui, "Prevalence of malarial recurrence and hematological alteration following the initial drug regimen: a retrospective study in Western Thailand", BMC Public Health volume 19, Article number: 1294 (2019),

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7624-1#:~:text=The%20recurrence%20in%20patients%20with,hypnozoites%20in%20the%20human%20liver.>

Relapse malaria is not so easy to detect as 1st exposure malaria.

Please note this: neither nigel, not Dr Kumar, not myself have EVER ASKED FOR A BLOOD TEST FOR MALARIA. Instead, please just save us all a headache, look up "malaria" in John's GP notes by Dr Kumar, and try what he tried (which worked last time)? No?

Ann, RGN, malaria expert.

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 05 April 2021 06:05

**To:** Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>

**Subject:** Fw: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 04 April 2021 21:04

**To:** M.Office@thelondonclinic.co.uk <M.Office@thelondonclinic.co.uk>

**Subject:** Re: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

Dear Emma,

Many thanks. John's private consultant Mr Maheshwar FRCS will hopefully do this Tuesday he has already given John a message to "Hang on in there". Really all we are asking is a prescription for immediately starting on a good general anti-malarial eg Mefloquine (Lariam). Blood tests and fine-tuning by switching anti-malaria can be done if the response is unfavourable within 48 hours. John apart from that just needs good, intense general nursing for a fever.

Cheers,

Ann

**From:** E.Mitchell@thelondonclinic.co.uk <E.Mitchell@thelondonclinic.co.uk> on behalf of M.Office@thelondonclinic.co.uk  
<M.Office@thelondonclinic.co.uk>

**Sent:** 04 April 2021 17:38

**To:** johnbryancook@hotmail.com <johnbryancook@hotmail.com>; M.Office@thelondonclinic.co.uk <M.Office@thelondonclinic.co.uk>

**Subject:** RE: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

Dear Mrs Cook,

I explained to your son this afternoon that I would need a Medical report + COVID-19 result in last 72hrs from the Consultant caring for him in the NHS. In his absence we would except a report from the Registrar.

Once we have the medical report we would need to review to see if this is a suitable transfer.

I would also need to find an infectious diseases doctor who is willing to except your husband under their care which can be slightly challenging at this time.

If excepted we will then need to talk to the self-pay team to assess what deposit would need to be made.

Regards

Emma Mitchell

Senior Nurse

Matron's Office

T: 020 7616 7732 | x3628

*The London Clinic*

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Registered company number 307579. Registered charity number: 211136.

Registered address: 20 Devonshire Place, London, W1G 6BW

**From:** john cook [mailto:johnbryancook@hotmail.com]

**Sent:** 04 April 2021 16:47

**To:** Matron's Office <M.Office@thelondonclinic.co.uk>

**Subject:** [EXTERNAL] Re: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

**This is an EXTERNAL email, please exercise caution.**

I wish to stress also that Nigel had a tape recorded discussion with John in hospital yesterday in which John was compo mentos (sound mind) and stated he would like to return to the London Clinic for better treatment. We have recorded the fact that John was unable to reach glasses of water left at his right side (his right shoulder is dislocated) due to the position of his bed which has the left side (with his good arm) beside the only sink and the only bin in the filled 6-bed room D of D'Arcy Ward, Colchester Hospital, Turner Road. John is appalled by the treatment and wishes transfer to the London Clinic immediately please. He was suffering malarial chills yesterday yet had only one think blanket on his bed, and he felt freezing. The ward manager at 4pm today refused even a blood test for malaria. The email from the ward sister shows they won't even x-ray him. They have thus forfeitted their legal rights of care to claim he would be better there than in The London Clinic. A police complaint will be made if transfer is refused by Colchester Hospital in these circumstances.

Ann

**From:** john cook <johnbryancook@hotmail.com>

**Sent:** 04 April 2021 16:04

**To:** M.office@thelondonclinic.co.uk <M.office@thelondonclinic.co.uk>

**Subject:** Re: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC



Emma Mitchell: John's recent heart condition report is by:

Mr Zafar Maan FRCS,  
Consultant Urological Surgeon,  
Department of Urology  
Colchester General Hospital,  
c/o [Joanne.povoas@colchesterhospital.nhs.uk](mailto:Joanne.povoas@colchesterhospital.nhs.uk)

Maan's letter dated 27/03/2019:

"I had a chat with Dr Harkness, your (JOHN COOK'S) Cardiologist today. ... Speaking to your Cardiologist we looked at your overall fitness. We think you may be suitable for percutaneous treatment and very likely would be fit enough for a general anaesthetic. ... when you ... use stairs you are able to get to the top without huge shortage of breath. Your ejection fraction is greater than 50%, you have cardiac stent and are on Apixaban but the Apixaban could be stopped given that your stent were placed a long time ago [only one bare metal stent was inserted, 2006 by Dr Tang] You are not suffering with angina... This does open up the treatment options for you"...

Thank you.

**From:** john cook <[johnbryancook@hotmail.com](mailto:johnbryancook@hotmail.com)>

**Sent:** 04 April 2021 16:00

**To:** [M.office@thelondonclinic.co.uk](mailto:M.office@thelondonclinic.co.uk) <[M.office@thelondonclinic.co.uk](mailto:M.office@thelondonclinic.co.uk)>

**Subject:** RE: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC

Ann Cook, RGN (retired),

42 Pampas Close,  
Highwoods,  
Colchester,  
Essex,  
CO4 9ST Tel 01206 842435

Emma Mitchell,

The London Clinic,

[m.office@thelondonclinic.co.uk](mailto:m.office@thelondonclinic.co.uk)

London Clinic's phone is 0203-6133-885.

**RE: TRANSFER OF JOHN COOK b. 30/06/1933, NHS No. 4129440845 FROM D'ARCY WARD, GAINSBOROUGH WING, COLCHESTER HOSPITAL, TURNER ROAD, CO4 5JL, TO THE LONDON CLINIC**

Thanks for your help to our son on the phone at this difficult time. I attach (Below) the latest report on my husband John Cook's medical condition. You can email the people on that ward or call that extension for the senior nurse (in their confidential email appended below) for more details.

Briefly, I was an SRN (RGN) Staff Nurse working at The London Clinic when I first met this patient, John Cook, who I married a year later. He was suffering from malaria then as now, which is a recurrent malarial anaemia that escapes from liver to blood stream when his immune system is weak following a serious infection. He was admitted with pneumonia and sepsis (from the infection leaking into the blood from lungs) but responded to IV antibiotics and was recovering (see below) until yesterday morning when his oxygen saturation fell from 98% to 70% without oxygen, but it has now been restored with 6 litres/minute oxygen mask. This is the action of malarial anaemia, with the red cells being attacked by malaria. Previously in 2004 this occurred after flu (malaria) and was treated by an anti-malarial. Colchester Hospital D'Arcy Ward manager Mark Smith has today stated that they will not administer an anti-malarial like Larmine / Mefloquine because he is "frail" so I request private admission to The London Clinic. We have substantial savings (£20,000 available as immediate deposit). His usual private hospital, The Oaks, Colchester (Consultant Mr Maheshwar, FRCS) is not accepting emergency admissions during the covid pandemic. John has Pfizer vaccine (1st dose) in January and is covid free. We stress the urgent nature and wish for admission today please because he needs proper treatment immediately.

His heart condition is

Yours sincerely,

Ann Cook (wife and next of kin)

Nigel Cook (son)

**From:** England, Alyce <Alyce.England@esneft.nhs.uk>  
**Sent:** 01 April 2021 17:16  
**To:** 'johnbryancook@hotmail.com' <johnbryancook@hotmail.com>  
**Cc:** PALS <PALS@esneft.nhs.uk>; Rasool, Iftikhar <Iftikhar.Rasool@esneft.nhs.uk>  
**Subject:** RE: D'ARCY WARD, COLCHESTER HOSPITAL, DISCHARGE OF JOHN COOK b. 30/06/1933, NHS No. 4129440845

Dear Ann

Thank you for your enquiry we hope this email response finds you well. I have liaised with Dr Rasool (John's consultant) and we have discussed the responses to your questions detailed in your email.

- 1). John has had a chest examination today consisting of chest auscultation, there was no wheezing, no signs of fluid overload, reasonable air entry and saturations where 98% on room air and respiratory rate is 20 breaths per minute. Dr Rasool doesn't feel a repeat chest x-ray is indicated at this time based on clinical parameters. Repeat Chest X-Rays would be carried out if there were signs of clinical deterioration in breathing function despite treatment.
- 2). As discussed on the telephone we are unable to facilitate for ear suction as an Inpatient during an acute hospital stay, however if you are able to arrange for someone to be willing to carry this procedure out we are happy to accommodate for this to take place whilst John is on the ward.
- 3). After our discussion regarding the catheter I was advised that Johns catheter had come out (the balloon had deflated and fallen out). We have monitored Johns urinary passing and he is passing urine freely with no retention therefore a catheter has not been reinserted at this time.
- 4). Unfortunately whilst patients are in hospital it is not accessible for patients to receive a COVID vaccine as patients are required to be well physically and functionally, however Johns second COVID vaccine can be facilitated in the community by either district nurses who will visit patient homes if they are housebound or staff within the nursing home should this be his discharge destination.

We would also like to advise that John has been assessed by the physiotherapy team today and was able to sit on the edge of the bed well with assistance of one person and was able to stand on two occasions using a rotunda and assistance of 2 for around 3 seconds each time. They have recommended that we continue to support John to sit out in the chair as tolerated using the rotunda to transfer him from bed to chair. If he is unable to tolerate this we can consider the use of a full body hoist if he is not too fatigued to do so safely.

John has also been reviewed by the palliative consultant today who has also advised that John does appear to be very frail and may not improve following this admission as discussed yesterday with you, John will continue to be reviewed by the palliative team as required for symptom control if these arise.

I hope this email has answered your enquiries and offers some reassurance with regards to Johns on-going care whilst he is on Darcy ward. Please feel free to contact myself or Dr Rasool should you have any further enquiries or questions you would like answering.

Kind Regards & thanks

Alyce England

Ward Sister

Darcy Ward

Ext 5389

**From:** john cook <[johnbryancook@hotmail.com](mailto:johnbryancook@hotmail.com)>

**Sent:** 01 April 2021 07:15

**To:** Communications <[Communications@esneft.nhs.uk](mailto:Communications@esneft.nhs.uk)>

**Subject:** D'ARCY WARD, COLCHESTER HOSPITAL, DISCHARGE OF JOHN COOK b. 30/06/1933, NHS No. 4129440845

Ann Cook, RGN (retired),

42 Pampas Close,

Highwoods,

Colchester,

Essex,

CO4 9ST

Sister Elise and Dr Ahamed,

D'Arcy Ward,

Gainsborough Wing,

Colchester Hospital,

Turner Road,

CO4 5JL, email [communications@esneft.nhs.uk](mailto:communications@esneft.nhs.uk)



Thursday 1 April 2021

Dear Sister Elise and Dr Ahamed,

**RE: DISCHARGE OF JOHN COOK b. 30/06/1933, NHS No. 4129440845**

Thanks for the call yesterday afternoon. To speed my decision up, please clarify:

(1) John is in discomfort and always needs to clear his chest of clear mucus after respiratory infections, before he is able to either eat or stand up because the mucus reduces his air access to lung surface area, which makes his pulse fast and causes him dizziness. I asked on the phone if John had a chest X-ray to check for residual fluids two weeks after his 18 March pneumonia, which our son has observed being coughed up as a clear mucus discharge in choking on his first sip of water? I asked this of you during the phone call, but I did not receive any answer (I checked the call again). Please clear John's lungs, and x-ray them to confirm the fluid has been removed.

(2) My son also asked Dr Ahamed yesterday if he will do us the courtesy to speed up John's discharge from your ward by allowing microsuction of the hardened wax in John's ears as soon as possible, as was attempted on the NHS when he was admitted to Birch Ward on 8 Dec 2020 – essential to communicate easily with John during any care at home or elsewhere. The wax in December was hard and couldn't be removed, so we were told to use olive oil ear spray and sodium bicarbonate ear spray to soften the wax and allow it to be removed by a subsequent NHS ENT microsuction. Hearing is vital to John, so because microsuction is only done in hospital, we request this be done as soon as possible, to speed up a safe and comfortable discharge, please. (We have a phone appointment with John's ENT consultant Mr Maheshwar for 3pm today.) Please facilitate this as soon as possible so John can clearly hear us when we explain the situation and ask him for input into the decision, an important factor.

(3) I also asked if John's bladder catheter could be changed under local anaesthetic prior to discharge, as this was fitted on 5 Nov 2020, and has been overdue for change for three months now (because Colchester Hospital cancelled the appointment in January). It can't be done at home. Sister Elise agreed to do it in the call prior to discharge. Otherwise, it causes unnecessary infections.

(4) John is now overdue for his 2<sup>nd</sup> dose of the Pzifer covid Vaccine which must be given in hospital and cannot be given at home due to low temperature vaccine storage.

Kind regards,

Ann Cook, c/o [johnbryancook@hotmail.com](mailto:johnbryancook@hotmail.com)

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the Freedom of Information Act 2000, subject to the specified exemptions, including the The General Data Protection Regulation (EU) 2016/679 and Caldicott Guardian principles. East Suffolk and North Essex NHS Foundation Trust, Turner Road, Essex, CO4 5JL

Dear Alyce England and Dr Rasool,

May I please clarify, particularly with the kind Dr Rasool, John's current medication and current blood sodium and haemoglobin levels, since some of the current prescription has provably (see below) caused all of his hospitalised collapses and dizziness via sodium, potassium and iron issues caused by medications, and we have been into this three times over the past year. John's low blood haemoglobin and low blood sodium cause dizziness that is artificial and is mistaken for frailty, which affects physiotherapists ability assess his ability to stand up without dizziness:

Summary of consultant's reports on privately diagnosed collapse causes and balance problems based on NHS-provided basic laboratory data for

JOHN COOK b. 30/06/1933, NHS No. 4129440845

Covering: August 2020-April 2021: summary by Ann Cook, retired RGN, 2 April 2021

John's most recent emergency admission prior to this one was for similar reasons that John is now lying in a bed and not walking competently, and it was confined to the EAU at Colchester Hospital and lasted just 2 days, 15 Dec – 17 Dec 2020.

The 6-pages long Colchester Hospital EAU Transfer of Care (Discharge Summary) states on page 3 that John's sodium level was 127 on 15 Dec 2020 at 9pm, very close to the 125 mEq/litre N.I.C.E. criterion for collapse and emergency NHS re-admission.

This is also almost exactly the same as the figure of 128 when he was discharged from Tiptree Ward by Dr Nadeem Aftab (Geriatric medicine) on 10 September 2020 with his Transfer of Care (Discharge Summary) report dated that day stating his sodium on discharge had only been increased from 114 mEq/litre on admission to 128 mEq/litre on discharge, still very close to the 125 mEq/litre N.I.C.E. criterion for collapse and emergency NHS re-admission.

This proves that my calculation (appended in full below) that John personally needs 1 gram of salt per litre of water to stabilise his sodium has worked since 10 September: the sodium level only changed from 128 on 10 September 2020 to 127 on 15 Dec 2020. However, he needs a slight increase beyond that 1 gram NaCl/litre to bring his sodium up from 127 or 128 to the normal of about 140 where he would be OK.

Page 4 of the Colchester Hospital EAU Transfer of Care (Discharge Summary) states that John's red cell haemoglobin at 9pm on 15 December 2020 was 94 g/L. The normal range is 130-180 in males, so John was extremely anaemic in addition to having a 128 sodium level, near the NICE collapse criterion of 125.

Therefore we know for certain that blood loss induced anaemia and hyponatraemia have both caused John oxygen insufficiency faints upon standing in the past, as well as some of other medication that reduces blood pressure by increasing blood potassium levels. Iron infusion or injection or a large vitamin B6 injection to facilitate iron absorption into haemoglobin (likewise vitamin D allows calcium absorption) might be tried? Last Friday week my son was told by a nurse a doctor has requested a B6 injection for John, but it was cancelled for some reason (maybe slow action?).

The summary of data below includes where stated reports I have privately commissioned from specialists and so it may not be accessible in the NHS medical history database on this patient, because private medical information including blood pressure measurements and privately paid for qualified medical consultant reports by Anne Glynn Clinical Specialist Physiotherapist MCSP HPC Registered PH36382 and consultant Mr Maheshwar FRCS (a large number of documents which can be supplied in full if necessary) are pertinent to all three recent emergency hospitalisation collapses of John Cook within the past year. All were caused principally by low sodium and low haemoglobin:

#### 1. JOHN'S FIRST EMERGENCY NHS "COLLAPSE" ADMISSION:

21 August 2020 - John's first passive "collapse" (not causing injury but requiring hospitalisation for loss of coordination) was less than one year ago. Hyponatraemia made him completely unable to even stand up for one second since he lost his mental ability to control his limbs including his arms, but had normal blood pressure (120/65) and pulse (76). He had not had a fall or physical injury. The day before he had walked up and down the 12 steps of the stairs to bed as usual, without a fall.

John's GP, Dr Kumar (Highwoods Surgery), was unavailable and due to pandemic pressures on the NHS, John was home bed nursed for 6 days waiting for a phone call from a GP, unable to get out of bed or move a limb. GP Dr Suresh visited on 27 August 2020, was unable to diagnose the cause or prescribe solutions, so arranged immediate hospital admission for tests.

28 August 2020: Tiptree Ward diagnosed acute hyponatraemia/low sodium of 114 mEq/litre on admission sampling, 27 August 2019, far below the N.I.C.E. criterion of 125 mEq/litre for hyponatraemia collapse and admission to hospital (normal or ideal is about 135-

145mEq/litre). This NICE concentration threshold is irrespective of age. He was discharged by Dr Nadeem Aftab (Geriatric medicine) of Tiptree Ward on 10 September 2020 with his Transfer of Care (Discharge Summary) report dated that day stating his sodium on discharge had only been increased from 114 mEq/litre on admission to 128 mEq/litre on discharge, still very close to the 125 mEq/litre N.I.C.E. criterion for collapse and emergency NHS re-admission.

I calculated John's correct daily sodium intake to prevent further collapses in the future to be 2g salt per day per 2 litres of daily water intake and excretion (or 1 gram of salt per litre of drinking water, palatable contrasted to the 35g in a litre of seawater). This amounts to four times his normal 0.5g daily salt sprinkling on meals, and the full calculation of this 2g/daily salt intake requirement is appended (it begins with John's officially measured NHS sodium level in mEq/litre and uses that with John's body weight to derive the necessary intake as 1 gram per litre of salt intake). This exactly compensates for the sodium excretion of sodium when 2 litres daily water intake needed to prevent kidney infections and blockage from John's large staghorn kidney stones. We twice-daily monitored & home recorded his blood pressure & pulse to ensure no rise due to high sodium. Previously John had only 0.5g daily sodium intake from salt in food, so there had been a serious net sodium loss causing an expensive NHS bed blocking collapse. 1g salt added per litre of water intake, cheaply and safely stopped hyponatraemia, restoring his nervous system.

## 2. JOHN'S SECOND EMERGENCY NHS ADMISSION: 28 Nov 2020 11pm

This NHS hospitalisation from 28 November 2020-8 December 2020 was diagnosed by Ann Cook RGN (retired) as medication-induced hyperkalemia (high blood potassium, causing low blood pressure since potassium dilates veins) which induced hypotension (low blood pressure of 105/60 on a home blood pressure monitor) in conjunction with iron shortage anaemia, causing a collapse and fall.

The anaemia was observed first as chronic loss of over 10ml/day as proved by photos emailed to Highwoods Surgery of both urinary tract bleeding and skin bleeding from John's allergy to apixaban which the GP has not switched for an alternative.

The GP also kept John on several medications causing John's very low blood pressure, nicorandil, ramipril and even John's kidney antibiotic trimethoprim all increased his blood potassium level to dilate veins, thus decreasing blood pressure, causing him to faint with 105/60 blood pressure. It was still hypotension when paramedics arrived.

Trimethoprim just by itself caused very high serum potassium levels about 5mmol/L in 50% of patients on Trimethoprim, near the 5.5mmol/L hyperkalemia level, as reported in: "Renal mechanism of trimethoprim-induced hyperkalemia", Annals of Internal Medicine, 15 Aug 1995, v119, issue 4, pages 296-301, available at: <https://pubmed.ncbi.nlm.nih.gov/8328738/>



So that paper shows John's prophylactic Trimethoprim to prevent kidney infection contributed to John's hyperkalemia and therefore his hypotension, making him fall! There are other antibiotics.

In addition, since discharge on 10 September 2020 John has been losing an average of about 40ml/day blood loss from both urinary bleeding and skin bleeding from John's allergy – repeated telephone calls and emails we have saved that we sent to the GPs at Highwoods Surgery during the pandemic, containing photos of John's bleeding. Chronic bleeding at a rate greater than blood is replenished causes anaemia. Calculation: textbook red blood cells have 120 days mean life, and the patient contains 5 litres of blood of which 1 litre is red cells /RBCs, so the daily RBC loss from normal expiration of RBCs is 1/120 litres/day or about 8ml/day, which is replaced naturally by the bone marrow supply of new RBCs. aAdditional 10ml/daily losses in bleeding in urine and more in blood soaked vests you could squeeze blood out of and measure in a measuring cup, produces acute anaemia within 4 months. The total RBC loss in John is then  $10 + 8 = 18\text{ml/day}$ , twice the maximum production.

The NHS Discharge Summary for John's 28 Nov – 8 Dec 2020 admission to Birch Ward (consultant Dr Ajith Pillai) agreed with my blood pressure monitor and observed bleeding, diagnosing postural hypotension (fall when standing due to low blood pressure) and anaemia. It also changed John's medication, stopping the prescriptions for blood potassium boosters ramipril and niorandil, and also the beta blocker sotalol which was slowing John's pulse to below 69 which reduced oxygen to the brain causing dizziness. It also helped by introducing Furosemide, and sodium bicarbonate ear drops but continued with apixaban to which John has a skin bleeding allergy and urinary bleeding. It instead prescribed Dermol and Cetraben cream for skin bleeding. Before Apixaban John was on Warfarin which is an alternative that caused no skin bleeding, but this was stopped due to the weekly blood tests needed with Warfarin. But there are several alternatives that safely reduce platelet clotting and are nearly as effective in large trials (John was on 75mg daily aspirin prior to Warfarin).

### 3. JOHN'S THIRD EMERGENCY NHS ADMISSION: 15 Dec 2020 9pm

This is the really vital collapse and fall for understanding the mechanism for John's dizziness and collapses, and the emergency admission was confined to the EAU at Colchester Hospital and lasted just 2 days, 15 Dec – 17 Dec 2020.

The 6-pages long Colchester Hospital EAU Transfer of Care (Discharge Summary) states on page 3 that John's sodium level was 127 on 15 Dec 2020 at 9pm, very close to the 125 mEq/litre N.I.C.E. criterion for collapse and emergency NHS re-admission.

This is also almost exactly the same as the figure of 128 when he was discharged from Tiptree Ward by Dr Nadeem Aftab (Geriatric medicine) on 10 September 2020 with his Transfer of Care (Discharge Summary) report dated that day stating his sodium on discharge had only been increased from 114 mEq/litre on admission to 128 mEq/litre on discharge, still very close to the 125 mEq/litre N.I.C.E. criterion for collapse and emergency NHS re-admission.

This proves that my calculation (appended in full below) that John personally needs 1 gram of salt per litre of water to stabilise his sodium has worked since 10 September: the sodium level only changed from 128 on 10 September 2020 to 127 on 15 Dec 2020. However, he needs a slight increase beyond that 1 gram NaCl/litre to bring his sodium up from 127 or 128 to the normal of about 140 where he would be OK.

Page 4 of the Colchester Hospital EAU Transfer of Care (Discharge Summary) states that John's red cell haemoglobin at 9pm on 15 December 2020 was 94 g/L. The normal range is 130-180 in males, so John was extremely anaemic in addition to having a 128 sodium level, near the NICE collapse criterion of 125.

Therefore we know for certain that blood loss induced anaemia and hyponatraemia have both caused John oxygen insufficiency faints upon standing in the past, as well as some of other medication that reduces blood pressure by increasing blood potassium levels. John normally insists on taking all his medication with a religious respect for doctors, and refuses to appreciate that during the pandemic they do not have the time to read all his lengthy reports. I hope that the medical summary below will focus your attention on John's blood haemoglobin and blood sodium as physiotherapists assess his ability to stand up without dizziness.

ANNEX

John Cook's (born 30/06/33, NHS number 4129440845) estimated extra required salt intake of 2.2g/day needed to prevent any further acute hyponatraemia collapses/falls, calculated from Colchester Hospital's blood sodium report (by Ann Cook, SRN (retired), January 2021).

John B. Cook sodium level (on admission emergency Colchester Hospital on 27 August 2020):

114 mEq/litre (very low), causing collapse.

N.I.C.E. criterion of hyponatraemia admission to hospital (collapse):

125 mEq/litre.

Normal or ideal sodium level: 135-145 mEq/litre (NHS website).

Hyponatremia: low blood sodium concentration (below 135 mEq/litre)

A normal blood sodium level is between 135 and 145 milliequivalents per liter (mEq/L). Hyponatremia occurs when the sodium in blood falls below 135 mEq/L. Kidney stones cause the retention of excess fluid in the body, diluting the sodium to low concentration, causing dizziness, cramps, irregular heartbeat etc.

Sodium blood level units conversion factor: 1mEq of sodium-23 (of +2 ionic charge) = (atomic mass) / (ionic or ion charge, which is +2 for sodium) = 23/2 = 11.5 mg. Therefore, sodium's conversion factor = 11.5mg per mEq.

Sodium-23 mass is 39.4% or NaCl or 0.394 as a ratio to salt (NaCl), since the ratio of atomic masses of sodium to a molecule of sodium chloride is 23/(23+35.4) = 0.394.

=> 27 August 2019 John B. Cook NaCl body mass = 114x11.5/0.394 = 3330 mg/litre

At 70% body water content and 70kg body mass, this equals 49kg of water = 49 litres water, so the total NaCl is 3330 x 70 = 233100 mg = 233 grams NaCl (total salt content).

-

Repeating this calculation with the ideal 140 mEq/litre sodium level in place of the measured 114 mEq/litre, gives (140/114)x233 = 286 grams NaCl as required amount.

Thus, the difference of 286-233 = 53 grams of NaCl is John Cook's NaCl deficiency, causing hospitalisation on 27 August 2019. This 53g deficiency is beyond a mere sprinkle of salt on a meal, and must be addressed gradually by balancing intake with loss. The needed extra salt daily to prevent a deficiency is the 53 g deficiency divided into duration of sodium in his body.

Duration of water and associated highly-water-soluble sodium is approximately given by the fact that the 49kg entire body water content is being excreted at the rate of about 2 litres (2 kg water) a day, i.e. a time period equal to (49kg)/(2kg/day) = 24.5 days. So the required NaCl extra intake per day he needs is = 53g/24.5days = 2.2 grams extra NaCl per day.

We are therefore trying to ensure that in addition to John's normal salt on meals, he takes an additional 0.5 gram of NaCl dissolved in every 0.5 litre glass of water (thus approx 2g per day of extra salt intake), to ensure that the high water flushing needed to prevent growing kidney stone infections doesn't cause acute hyponatraemia again.

We are also home-monitoring John's blood pressure (currently 125/80), to ensure that this extra approx 2g/day sodium chloride intake does not cause blood pressure problems. At present, it isn't. Urinary consultant Mr Maan stated in December that he cannot operate to remove the kidney stones during the covid-19 crisis, so John still needs regular prophylaxis trimethoprim antibiotics (nitrofurantoin has failed to prevent urinary infections 3 times), and plenty of water flushing to prevent kidney infections.

Apixaban was causing a severe skin allergic reaction/bleeds was finally replaced with the alternative anti-platelet clotting drug Clopidogrel which has totally stopped John's skin allergy and profuse skin bleeding, but then the GP insisted to John he take Apixaban again (as well as Clopidogrel), and his skin and urinary bleeding and anaemia problem resumed. This explains is why I am still so concerned over these "very technical nuts and bolts"! We have been reassured time and again that all will be well, and yet the medication problems have caused severe dizziness in John. (I was also prescribed medication but

I control my high blood pressure using bananas, high in potassium, plus a blood pressure monitor to determine the correct banana dose by trial and error!  
So some of these observations might possibly be of more widespread interest than just to one patient, John.)

Kind regards,

Ann

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-----  
Additional data:

**FACT: doctors and nurses the UK are subject to up to 14 years imprisonment for illegal euthanasia or encouragement of suicide, by withholding food and water for example, as was done to John Cook, under the Suicide Act 1961, section 2. Essex Police should know the basic laws!**



Blood in urine: two 2L overnight bags containing blood, 15 February 2021, John Bryan Cook. Typical example (one of many incidences): Doctor Suresh was called by phone and the photos emailed to her about John's allergy to apixaban causing serious bleeding. Dr Suresh was also told that the furosemide diuretic was causing over 6L urine throughput per day (good for flushing water through kidneys, but also diluting body fluids excessively, requiring salt supplements to avert hyponatremia, e.g. 1g NaCl per 1L of drinking water). Dr Suresh ignored this and said "continue with existing medication".

Dr Suresh also harmed John by prescribing anti-inflammatories for John's right shoulder joint, the tissue of which swelled to the size of a football in 2019, instead of authorising an immediate emergency x-ray, which was bungled when it finally took place in January 2020. The radiographer ignored John's dislocated right shoulder and spotted a lung lesion, probably bleeding from his Apixaban allergy in the lung due to her prescription for Apixaban and her refusal to change to an alternative anti-coagulant (John displayed NO signs of coughing or respiratory infection.) While doing nothing about the dislocated right shoulder whatsoever, the radiographer merely booked John in for a PET scan in March 2021 (just before the pandemic closed the NHS down to regular scans). The PET scan debunked the lung cancer theory, so it was possibly a small lung lesion similar to the numerous Apixaban allergy bleeding



sores on John's back, legs and arms. January 2020 John had a brain MRI (magnetic resonabce imaging) scan which confirmed no signs of illness and refutes Dr Rasool and Dr Ahmed's quack theory that John has dementia, a lie contrary to hard factual evidence.



John Bryan Cook fit happy and healthy having his blood pressure checked by his son at 1940hours on 15 March 2021.



|                                       |                                                                                                                                                                                                                                                                                       |                                |                                            |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|
| Record of Concern (Significant Event) |                                                                                                                                                                                                                                                                                       | ①                              | <b>ecl</b><br>The Care & Wellbeing Company |
| Ref No: FC94                          |                                                                                                                                                                                                                                                                                       |                                |                                            |
| Customer Name: John cook              |                                                                                                                                                                                                                                                                                       | Establishment/Team: reablement |                                            |
| Date:                                 | Record of Concern (Significant Event)                                                                                                                                                                                                                                                 | Staff Print & Sign Name        |                                            |
| 10/9                                  | Assessed for Am, lunch & Pm. John is quite frail at the Present. Was unable to access the stairs, son brought single bed down, until the stair lift is in place. John demenshated he could get on & off with a little Verbal prompting. Noticed a slight cough, son will check on it. | Diane Evans                    |                                            |

Essex Cares LIMITED aka ECL were used by Colchester Hospital to abuse Johns son who was diagnosed in 2008 by Xray as having curvature of spine into carrying a bed downstairs causing injury when John was unfit for discharge due to having only 127 mEq/L of sodium in his blood that day, 10 September 2020, as proved by the blood analysis printed on John's Colchester Hospital Discharge Summary! Essex Police refused to make an arrest at that time or even to respond to the complaint in any way. ECL never responded to the complaint but instead made up a lying counter-complaint which claimed that Ableworld Colchester Ltd had supplied a dangerous bathlift. Colchester Police has numerous personal links to Colchester Hospital (the largest employer in the town, so officers respond abusively with "Clap for the NHS" or "I think the NHS is doing a wonderful job under difficult circumstances" when crimes by the Colchester Hospital are reported), and there is some evidence that they have been used by the Hospital to ensure a stairlift was not available at John's home on his 10 September 2020 discharge (Essex Police illegally seized John's car on 1 September 2020 while he was in Hospital, thereby preventing family members

driving to Ableworld Colchester Ltd in Stanway, too far to walk, for an emergency stairlift; at the time they were warned the car is insured, but the officer simply silenced a family member by reading the official pre-arrest Caution "you have the right to ..." etc, proving that Essex Police's priorities are causing

abuse; a complaint sent recorded delivery to the Chief Constable of Essex Police has simply never been responded to in any way!). See photo below of John Cook's car being illegally stolen by Essex Police on 1 September 2020 while he was in hospital, preventing an emergency stairlift being installed in his home prior to his illegally hastened discharge unfit from hospital:

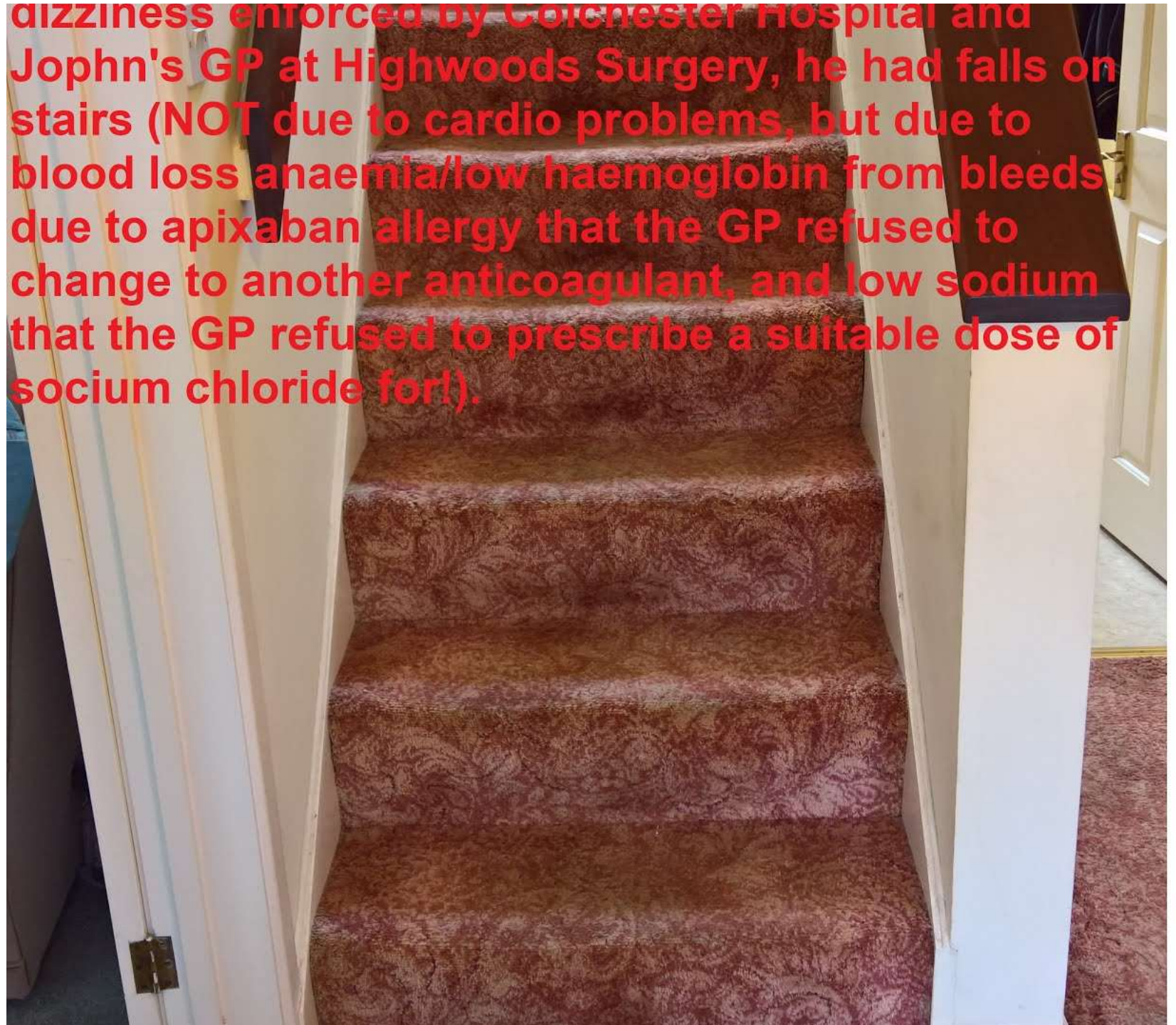


**John Bryan Cook's house stairs 10 then landing then 2 more photo taken 30 August 2020 while he was in hospital, due for discharge with very low sodium. We told hospital that John had insisted on NOT HAVING A STAIRLIFT INSTALLED because he was a super fit health fanatic (doing 20 stand up and sit down exercises to make his heart pound daily and always using the stairs for cardiovascular exercise), on advice of Dr Harkness, his cardiologist. However, due to low sodium**

Jo  
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dizziness enforced by Colchester Hospital and Jophn's GP at Highwoods Surgery, he had falls on stairs (NOT due to cardio problems, but due to blood loss anaemia/low haemoglobin from bleeds due to apixaban allergy that the GP refused to change to another anticoagulant, and low sodium that the GP refused to prescribe a suitable dose of sodium chloride for!).





re  
su  
ch

Abuse of John Bryan Cook by Colchester Hospital -for info ...



Abuse of John Bryan Cook by Colchester Hospital please s...





Patient copy

JOHN COOK

NHS number:

4129440845

Hospital Number:

D5099791



**East Suffolk and  
North Essex**

NHS Foundation Trust

Colchester Hospital

Turner Road, Colchester, Essex, CO4 5J

Switchboard telephone: 01206 74747

IGNORES ANAEMIA!!  
NO DATA ON HAEMOGLOBIN!!  
 INSTEAD OF CORRECTLY GIVING  
 JOHN ORAL REHYDRATION  
 ELECTROLYTE (1g NaCl per 1L of water),  
 THEY TRIED TO LIMIT  
 SODIUM EXCRETION BY LIMITING WATER INTAKE  
 TO 0.5L PER DAY!!

### Transfer of Care (Discharge Summary)

#### Patient demographics

**Patient name** JOHN COOK  
**Patient address** 42 PAMPAS CLOSE  
 HIGHWOODS  
 COLCHESTER  
 CO4 9ST

**Patient sex** Male  
**Date of birth** 30/06/1933  
**Patient marital status** Married  
**NHS number** 412 944 0845  
**Other identifier** D5099791  
**Patient telephone number** 01206842435  
 (Home)

#### Admission details

**Date of admission** 27/08/2020 20:41  
**Source of** Usual place of



admission

residence

**Diagnoses**

Hyponatraemia (acute on chronic). Secondary to dehydration.

Anterior dislocation of right shoulder

(in 2019!!) - + aged Jan. 2020

**Clinical summary**

Admitted with a one week history of dehydration and confusion.

Sodium was found to be 114 on admission.

Known chronic hyponatraemia.

9AM cortisol - NAD. Urine osmolality 344, serum osmolality 249. TSH - NAD.

CXR performed and discussed with duty radiologist. Noted right shoulder dislocation.

XR right shoulder performed which confirmed anterior dislocation of right shoulder. There are changes consistent with a previous (and healed) fracture.

Orthopaedics reviewed in the ward and discussed patient in Trauma meeting: advised for conservative management.

Seen by physiotherapists: ready for discharge.

Sodium normalized to baseline of 128.

Medically fit for discharge.

**Co-morbidities**

AF on apixaban

\*\*\*Medical EDS\*\*\* - Can we communicate with you more effectively? Please let us know how by phoning Patient Advice & Liaison Service (PALS) on 0800 783 7328 or 01206 742683 or email: PALS@esneft.nhs.uk 3696

FALSE: Sodium 114, whereas is at 125 (NIC) NOT diagnosed radiologically (size of info)

VERY CLOSE TO COLLAPSE M...  
 alk admission pressure is 12...  
 NICE guidelines!! -> close to low on discharge

**NICE** National Institute for  
Health and Care Excellence

# Hyponatraemia

Last revised in November 2020

## Diagnosis

[When to suspect \(/topics/hyponatraemia/diagnosis/when-to-suspect/\)](/topics/hyponatraemia/diagnosis/when-to-suspect/)

[Assessing a person with hyponatraemia \(/topics/hyponatraemia/diagnosis/assessing-a-person-with-hyponatraemia/\)](/topics/hyponatraemia/diagnosis/assessing-a-person-with-hyponatraemia/)

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## Management

[Scenario: Management \(/topics/hyponatraemia/management/management/\)](/topics/hyponatraemia/management/management/)

---

## Background information

[Definition \(/topics/hyponatraemia/background-information/definition/\)](/topics/hyponatraemia/background-information/definition/)

[Pathophysiology \(/topics/hyponatraemia/background-information/pathophysiology/\)](/topics/hyponatraemia/background-information/pathophysiology/)

[Causes \(/topics/hyponatraemia/background-information/causes/\)](/topics/hyponatraemia/background-information/causes/)

[Causes \(/topics/hyponatraemia/background-information/causes/\)](/topics/hyponatraemia/background-information/causes/)

[Incidence and prevalence \(/topics/hyponatraemia/background-information/incidence-prevalence/\)](/topics/hyponatraemia/background-information/incidence-prevalence/)

[Risk factors \(/topics/hyponatraemia/background-information/risk-factors/\)](/topics/hyponatraemia/background-information/risk-factors/)

[Complications \(/topics/hyponatraemia/background-information/complications/\)](/topics/hyponatraemia/background-information/complications/)

## Hyponatraemia: Summary

- Hyponatraemia is defined as a serum sodium concentration of less than 135 mmol/L.
- It is the most common electrolyte disorder encountered in clinical practice and is usually an incidental finding on routine blood tests.
- The severity of hyponatraemia can be classified as:
  - Mild – serum sodium concentration 130–135 mmol/L.
  - Moderate – serum sodium concentration 125–129 mmol/L.
  - Severe – serum sodium concentration less than 125 mmol/L.
- The rate of onset of hyponatraemia can be classified as:
  - Acute – duration of less than 48 hours.
  - Chronic – duration of 48 hours or more.
- The cause of hyponatraemia is often multifactorial. Common causes include:
  - Medications (most commonly thiazide diuretics).
  - Syndrome of inappropriate antidiuresis.
  - Underlying medical conditions (such as heart failure, kidney disease, and liver disease).



- Most people with hyponatraemia are asymptomatic, particularly if it is mild and has developed slowly. When symptoms are present, they are often non-specific and are related to both the severity of the hyponatraemia and its rate of onset.
  - Rapid changes in serum sodium levels or severe hyponatraemia can cause symptoms of vomiting, headache, drowsiness, seizures, coma, and cardio-respiratory arrest.
  - Chronic hyponatraemia can lead to increased risk of falls, bone fractures, osteoporosis, gait instability, and concentration and cognitive deficits.
- Assessment of a person with hyponatraemia involves taking a focused history, determining the person's volume status, and arranging appropriate investigations (including serum and urine osmolality, and urinary sodium concentration) to help identify the cause of hyponatraemia and guide management. After the initial identification of hyponatraemia, serum sodium measurement should be repeated (timescale dependant on clinical judgement) to exclude a rapidly decreasing serum sodium concentration, which will require admission to hospital.
- If the person has severe or symptomatic hyponatraemia, admission to hospital for urgent treatment should be arranged.
- If the person has asymptomatic, moderate hyponatraemia, specialist advice from an endocrinologist should be sought regarding the need for admission or referral.
- If the person has asymptomatic, mild hyponatraemia, the underlying cause of hyponatraemia should be sought in primary care (if possible and appropriate).
  - If the person has an acute illness that may be contributing to the hyponatraemia, it should be treated and the serum sodium concentration rechecked after 2 weeks.
  - Medications that may be contributing to the hyponatraemia should be stopped if appropriate and the serum sodium concentration rechecked after 2 weeks.



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Above photos: proof that Colchester Hospital discharged John on 10 September 2020 as "fit" when he actually had dangerously low sodium which caused his fall. During visits in August and September 2020 it was noticed that they failed to prescribe NaCl tablets to address this critical sodium deficiency either in hospital or upon discharge! Instead of adding 1g NaCl to each 1 L of drinking water to eliminate the net urinary loss of sodium, they tried to merely retain John's existing sodium deficiency by *restricting water intake to 0.5L per day* as if that would help! John's dehydration was due to partial blockage of kidneys with stones that they refused to remove (when John's private urinary consultant, Mr Maan was asked to intervene, the urology receptionist became abusive on the phone to John's son and screamed that John had no right to have private treatment by Mr Maan if the NHS refused to treat John, and that she would complain about Mr Maan's provision of private help at the Oaks Hospital despite the fact the NHS were themselves refusing

**NICE** National Institute for Clinical Excellence

Home /> Drugs /> Sodium Chloride

You are viewing BNF if you require BNF for Children, use [BNF for Children](#) instead.

## SODIUM CHLORIDE

(Sodium chloride solution)

### Indications and dose

**Prophylaxis of sodium chloride deficiency**

By mouth

**For Adult**  
 4.5g daily, to be taken with water (up to maximum 20g daily in severe depletion).

**Chlorochemical salt wasting**

By mouth

**For Adult**  
 Up to 20g daily, to be taken with appropriate fluid intake.

**Tear deficiency**  
 Ocular hyperaemia and antiglaucoma irrigation, including their treatment of harmful substances, kerato-ocular or topical irrigation during surgical procedures.

**To the eye**

**For Child**  
 As per instructions on BNF for Children.

**For Adult**  
 As per instructions on BNF for Children.

**General cautions**

To the eye

any treatment whatsoever and thus causing unnecessary/criminally deliberate collapses and emergency admissions! **The NHS is now in a situation which is the exact opposite of the Hippocratic Oath of medicine! It sets out, like Dr Mengele, to treat patients like dirt and then to try to block their private treatment after NHS failures!** After four collapses and re-admissions due to low sodium and low haemoglobin, it becomes clear **BEYOND ANY REASONABLE DOUBT** that this is a deliberate policy of attempting to murder human beings, not an "accident".

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Electronics World's renowned news section starts on page 3

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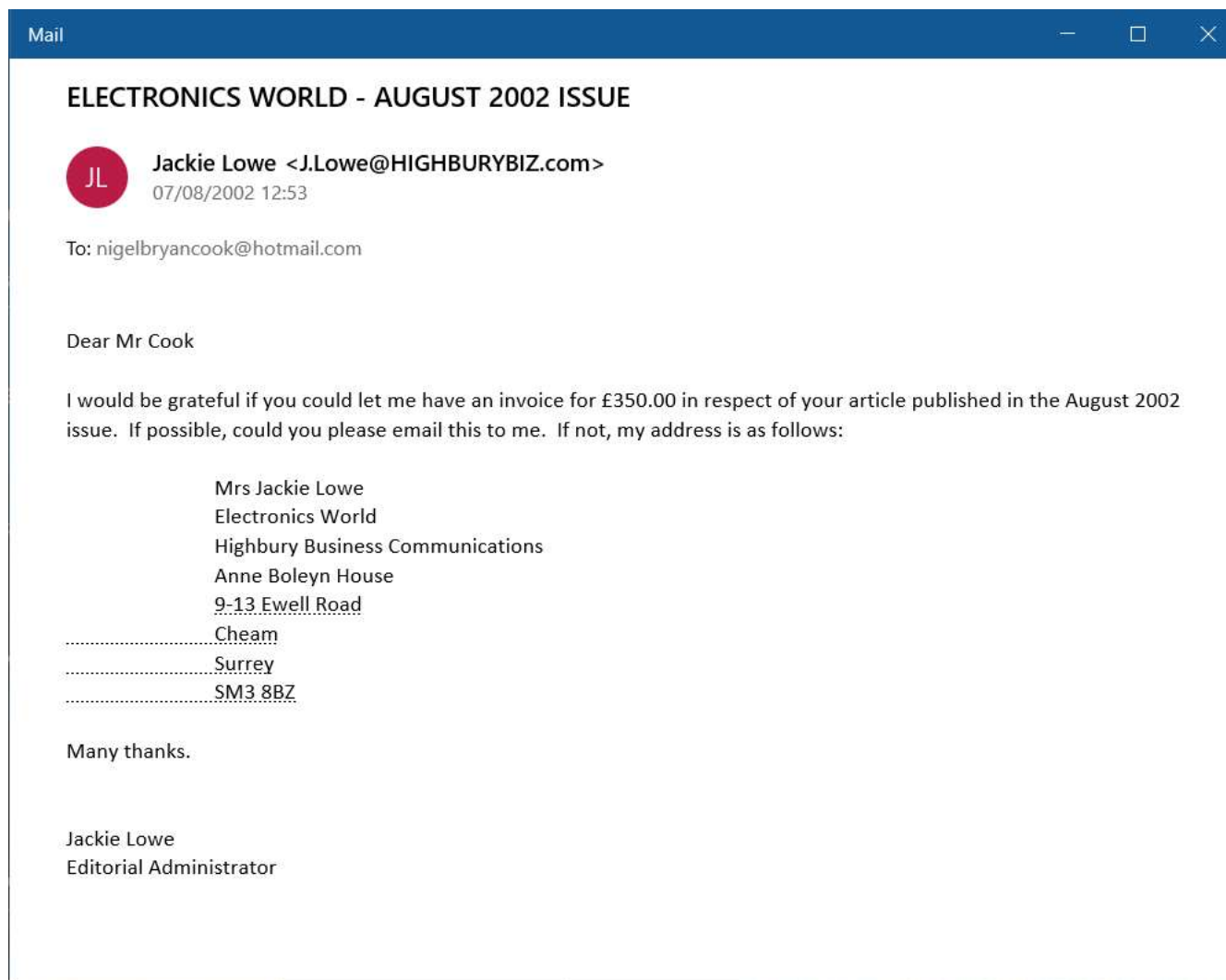
## AIR TRAFFIC CONTROL: How many more air disasters?

In July last year, problems with the existing system were highlighted by the tragic death of 71 people, including 35 school children, due to the confusion when Swiss air traffic control issued a late take-off clearance path. The pressing of extensive radar and other aircraft information for European air space is a very big challenge, requiring a reliable system to track air traffic corridors of increasing density. So why has our traffic computer system for the British Channel been ignored by the authorities for 15 years? Nigel Cook reports.

## An Electronic Universe

Part 3: Capacitors, Inductors, and the Electronic Atom, Nigel Cook

Next issue: dated May on sale April 3



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Above: Nigel Bryan Cook typical article payment 350.00 in 2002 from publisher NOT to a publisher. I also sold other articles to that and other publications, including a half page in the Mail on Sunday (via the then Consumer Affairs Editor, I believe it was Christopher Leake, who re-wrote the article and the Mail on Sunday then paid me £400 for the facts research I obtained as an evidence researcher on that occasion; I will have the article and the paperwork on file in storage. This disproves Joanna Seraphin's claims that I pay newspapers to publish news! What rot!

### **The traditional use of racism in the NHS against hard working immigrants and in support of Marxist murderers**

by Nigel B. Cook, son of John Cook

While my mother Ann Cook RGN was working part-time as ward manager at St Peter's Hospital, Chertsey, I was abused by racist NHS "speech therapists" between ages of 5 and 12, when I had fluid-filled inner ears due to blocked eustachian tubes (which connect inner ear to throat to allow fluid drainage). The fluid build up in my inner ears allowed me to only hear very low frequency sounds, without any high frequencies, causing a severe "autism" style speech defect, because you repeat what you can actually hear (which of course is not what people actually say).

This persisted not just the 7 years from ages 5-12, but afterwards because the mimicking of irritated fellow school pupils and even the head-teacher of Holy Family Primary School in Addlestone (which I left prior to privately getting grommets in my eardrums to drain the inner ears, which the NHS failed to do and which was done privately by BUPA under the family private health insurance my father, John Cook, acquired when changing to a job which included as an employment benefit private health cover with BUPA), who was an amateur "speech therapist", repeatedly abused me in his study for being unable to hear him (and thus repeat what he said precisely) clearly!



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**REMITTANCE ADVICE**

MR N COOK  
 129 SCHOOL LANE  
 ADDLESTONE  
 SURREY  
 KT15 1TF

Advised No.

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My mother, Ann Cook RGN, then informed me that this was a widespread NHS racism problem, and that she had suffered racist abuse when trying to intervene as a hospital RGN. She would lose her job if the “groupthink teamwork” mentality made her an outsider. In the 1950s, she said when she arrived from Ireland in Britain to train as an RGN, Attlee’s Labour Government still allowed blatant racism in the form of “No Blacks or Irish” notices on the doors of hotels, hostels, and rented rooms. She also found after training in cardiology intensive care at the London Hammersmith Hospital, that NHS racists were killing black patients in post-surgical recovery deliberately by lying them on their back, not on their side, while skin colour was used to indicate internal haemorrhage (internal bleeding). Specific example of a patient who had surgery for a nose injury which later bled in post-operative recovery: the nurses were banned from placing the patient into the side (recovery position), resulting in blood running unseen down from the nose to the lung, resulting in unnecessary mortality. CPR was attempted when blood pressure measurements failed, by which time the patient had already expired as determined by defibrillator flat line and lack of response to chest compressions. The standard practice at the time was to look for internal haemorrhage by signs of skin colour changes, and only to take blood pressure readings at spaced intervals of half an hour. Objecting to this resulted in racist abuse from doctors.

My mother, originally herself a left-wing socialist, gradually lost faith in the Marxist NHS sub-culture of hypocritical Orwellian “doublethink”, racists masquerading as anti-racists, war-mongers masquerading as peace crusaders, money-obsessed capitalists masquerading as communists while striking for higher wages to doom the economy under National Debt, and religious bigots masquerading as marxist atheists. Every time the Marxists riot against capitalism, under the flag of Race War, Class War, Religious War, or Cultural War, the media is saturated with propaganda. Winston Churchill's statue in Parliament Square, London, was defaced with the sprayed words "is a racist" in response to the suffocation of George Floyd, due to a Minneapolis police officer filmed kneeling on his neck for 8 minutes 46 seconds. This is being used to justify the toppling of slaver trader and "public benefactor" Edward Colston's statue in Bristol, UK (the statue was thrown into Bristol harbour) by crowds during a pandemic.

Colston's Royal African Company transported 80,000 slaves to America, and he bequeathed his immoral earnings to local Bristol charities on his death in 1721. Deplorable but not the whole story, any more than the anti-nuclear propaganda is the whole story. I'd like to follow in the spirit of Herman Kahn's original 1962 Thinking About the Unthinkable (not the dire 1984 book of similar title), pointing out the problem that most of abusive slavery, lasting over thousands of years not a couple of hundred, has been "white slavery", which Wikipedia describes thus:

“White slavery, white slave trade, and white slave traffic refer to the chattel slavery of Europeans by non-Europeans (such as North Africans and the Muslim world), as well as by Europeans themselves, such as the Viking thralls or European Galley slaves. From Antiquity, European slaves were common during the reign of Ancient Rome and were prominent during the Ottoman Empire into the early modern period. In Feudalism, there were various forms of status below the Freeman that is known as Serfdom (such as the bordar, villein, vagabond and slave) which could be bought and sold as property and were subject to labor and branding by their owners or demesne. Under Muslim rule, the Arab slave trades that included Caucasian captives were often fueled by raids into European territories or were taken as children in the form of a blood tax from the families of citizens of conquered territories to serve the empire for a variety of functions. In the mid-19th century, the term ‘white slavery’ was used to describe the Christian slaves that were sold into the Barbary slave trade.”

**CHAPTER 6**

**THINKING ABOUT**  
**THE UNTHINKABLE**  
**BY HERMAN KAHN**

Seventy-five years ago  
Each year the world  
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brothels of Europe  
was that it could



H O R I Z O N   P R E S S   N E W   Y O R K   1 9 6 2

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**Photo above: Herman Kahn on white slavery in England 1962 *Thinking About the Unthinkable* book, Chapter 1, In Defense of Thinking (NOT TO BE CONFUSED WITH CRAP 1984 BOOK OF IDENTICAL TITLE BY KAHN COLLEAGUES). For the full 1962 Kahn book, click link here please!**

It gets more difficult for anyone with any honesty who wants to dig up slavery and use it today to further an allegedly anti-racist policing agenda, because in the even more general and flippant use of the term "slavery" by the hard left Marxist agitators, all workers in capitalist countries are "slaves". So if you hold personal grudges dating back to the Victorian era (and before) over slavery, you might as well smash up everything in protest like the Luddites, which of course is music to the ears of the anti-capitalism Marxist revolutionary movement which infiltrates the media.

Are they going to smash up all the statues of Julius Caesar and other Roman Emperors, since their money came from the slave trade, wars, conquests, massacre, and domination of other races, or is this just about the history of racism in the UK and USA?

Again, what about the Islamic slave trade in white UK slaves in the medieval period? What about white female child slavery in the UK, rife through the ages into the Victorian era? What about other forms of discrimination? I had speech and hearing impediments in childhood which led to discrimination, and still has effects today for self-confidence (e.g. nervous twitches of facial muscles, when under stress; a problem which developed over the seven years of impaired speech and distorted hearing when I had to try to guess what people were saying from only being able to understand 10-50% of words spoken, depending on speed, accent and mumbling of the speaker - I would have to guess what they were saying or be verbally abused falsely for "not listening" if I asked them to speak more clearly or to repeat themselves!). Discrimination is a much deeper problem than race, and the hate preaching anti-slavery campaigners who want the world enslaved to Marxist hell are not doing anyone any service, not even themselves.

The UK Slavery Abolition Act was 1833, and in America it was abolished in 1865 by the ratification of the 13th amendment to the constitution after the Civil War decided the matter, aided by the 1863 Gettysburg Speech of Whig and Republican Abe Lincoln (who paid with his life when he was assassinated by a pro-slavery Confederate spy in 1865, before the 13th amendment was ratified).

As late as 1848, some 15 years after the UK had abolished slavery by act of parliament, the US Congress was still arguing over the role of the state on slavery, with the Democratic Party splitting on the issue at its Convention that year. John Calhoun had proposed resolutions in Congress stating that the Congress has no right to end the slave trade, which were opposed by Thomas Benton of Missouri, as John F. Kennedy describes in his book Profiles of Courage. But it was simply too big an issue to be resolved by verbal arguments, so civil war broke out in 1861.

Racism, however, continues in the UK and USA after slavery was abolished, and part of this is fascist style anti-capitalism Jew baiting by Marxists “playing the race card” by claiming their discrimination is anti-racist. There are other brands of racism as well, that don't necessarily equate to skin pigmentation; my mother is Irish and when she emigrated to the UK in 1951 to become a student nurse in the brand new NHS, the notice “No blacks or Irish” were legally allowed in the front windows of hostels and hotels.

During the cold war, Race War was used (along with Class War, Culture War, Religious War, Drug War and support for all sorts of nationalistic terrorist wars on the West, from shipping arms by submarine to the Official IRA in the 1960s to putting nuclear missiles into Cuba) by the USSR's Marxist fanatics to stir up nationalist rebellions in the West, leading to revolutionary movements across Eastern Europe, Western Europe (less successfully, since they had NATO support!), South-East Asia, South America, and Africa.

Dad went to work in Ghana in 1957, just after it had gained independence under the leadership of President Kwame Nkrumah, who won the Lenin Peace Prize from the USSR in 1962 after his 1961 tour of Eastern Europe. In 1958, Nkrumah had tried to outlaw tribal black-on-black racism by passing:

“An Act to prohibit organizations using or engaging in racial or religious propaganda to the detriment of any other racial or religious community, or securing the election of persons on account of their racial or religious affiliations, or for other purposes in connection therewith.”

This was not popular with the most marginalized tribes, but it was the USSR and Chinese Marxists who actually led to Kwame's overthrow, by encouraging him to make a tour of North Vietnam for Marxist propaganda purposes during the Vietnam War in 1966. While he was out of Ghana, the police and military staged a coup d'etat, and cut Ghana's ties with Marxism!

Marxism in Ghana had been built on the bubble of state taxation of inflated cocoa prices from 1954-60 (the price shot up after chocolate rationing in the UK ended in 1953, increasing demand). When global supply increased to cater for the demand, the price of cocoa fell in the 1960s and Ghana's wonderful promise of Marxism disappeared together with the support for Marxism, just like Nkrumah himself (who became an exile after the 1966 revolution in Ghana).

This failure of socialism had occurred in 1930s Germany, which borrowed heavily, blew the money on Marxist type “National Socialist” projects like building autobahn and huge weapons stockpiles, and then went so bankrupt it had to invade neighbours just to prevent economic collapse. Similarly, the USSR in the 1980s, found it was bankrupt from socialism, but was deterred from invasions so went under without a shot being fired. I have no sympathy for the crap about Winston Churchill's “eloquence” saving us in both world wars, since it was his failure in Cabinet in 1914 to deter war that led to the mess, and again his bleating warnings in the 30s failed to stop war. If he was such a clever talker, why did he fail in 1914 and the 1930s? **He never had even the publicity skills or mass appeal of President Trump, losing the 1945 General Election by Hitler-appeaser, disarmer and NHS fanatic Clement Attlee, even after warning of Gestapo that socialism evolves itself into every time. His 1945 speech, like his 1930s speeches, simply fell on deaf ears. He was no hero, but a careless narcissist.**



John Cook on 27 April 2021 at 1101hrs Woodlands View, re...



(Extensive further evidence proving this, including tape-recordings of **abusive left wing political style typical NHS rants** we received during telephone conversations with doctors, nurses, and taped face-to-face meetings with dad's abusers and video will be posted for all to see at the site: <https://www.facebook.com/nigelbryancook/> , which allows multimedia content more easily than this platform.)

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*posted by Nuclear Weapons Effects 10:15 am* 📎 ✎

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 47 COMMENTS:

*At 4:23 pm, 🗨 Anonymous said...*

Pass-the-buck loop cycle starts at Essex Police:

From: Rob Huddleston T/D/SUPT 42001385

Sent: 19 April 2021 07:30

To: john cook

Subject: RE: EXTERNAL - CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

Good morning

I have forward your emails to T/Chief Inspector Jon Evans who is the Current Colchester District Commander.

Best regards

Rob Huddleston

T/Detective Superintendent 42001385

Director of Intelligence

Kent and Essex Serious Crime Directorate

Force Senior Identification Manager DVI

Ext 42001385 (internal) Mobile 07970 962494 (Mobile)  
Email: rob.huddleston@essex.police.uk

Personal Assistant: Beth Coyne  
Kent and Essex Serious Crime Directorate  
Email: beth.coyne@kent.police.uk

From: john cook  
Sent: 17 April 2021 10:26  
To: Rob Huddleston T/D/SUPT 42001385  
Subject: EXTERNAL - CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Chief Rob Huddleston,

Just keeping you informed that we have no reply regarding attempted murder under the Criminal Attempts Act 1981 section 1(1) so will be writing with full video and audio taped evidence.

Kind regards



*At 4:27 pm, Anonymous said..*

If he writes "I have forward your emails..." rather than "I have forwarded your emails..." we know what impression his evidence will have on a pompous elitist High Court Judge, so maybe it's just as well he's been moved on to an Ivory Tower.



*At 4:27 pm, nige said..*

Please be polite or they'll lose the evidence or their marbles.



*At 5:36 pm, nige said..*

How the NHS murders the elderly using NSDAP National Socialist tactics from 1933-45 Germany: (1) refuse to unclog patients hardened wax ears so they can't hear you, (2) make sure you turn the patient's hearing aid volume to minimum, (3) make sure the batteries in the hearing aid are flat, (4) ask the patient "what year did ww2 end?" while wearing a mask so they can't lip-read, (5) dehydrate them by keeping water out of reach so they are as confused as - so the

French Foreign legion used to call - a "the grasshopper" and can't think clearly, (6) sign them off for pain-killing palliative care discharge immediately only (no diagnostics or treatment) having advanced dementia when they don't actually have dementia (as proved by a clear MRI scan in 2020) but simply can't hear what you are mumbling from behind your mask 6 feet away! Would be a joke if it wasn't attempted murder.



At 5:55 pm,  nige said...

NHS GP Dr Harold Shipman murdered 215 patients this way! Dame Janet Smith's DBE, Chairman of The Shipman Enquiry, a 618 pages long report on the case, published in 2003, states Detective Inspector David Smith bungled the police investigation and allowed Dr Shipman to go on murdering more and more elderly people:

" It is a matter of regret and an obvious focus of criticism that DI Smith made no proper notes of his conversations with any of the people to whom he spoke in the course of the investigation. He made some brief notes on three pages of his daybook; he also created a chart or spreadsheet on his computer. He kept no diary note of his movements. Indeed, it was extremely difficult for the Inquiry to work out a chronology of the investigation until the records of the telephone used by DI Smith were obtained. At the end of the investigation, DI Smith made no written report. I shall consider the effects of these failures in greater detail later in this Report. At this stage, I draw attention to them to highlight the evidential difficulties they have caused."

- Shipman, 2nd report ("The Police Investigation of March 1998") by of Dame Janet Smith DBE, paragraph 3.2 on page 29. (Police don't find eugenics by the NHS quacks exciting!)



At 5:58 pm,  Anonymous said...

Forced euthanasia (outlawed by the Suicide Act 1961 section 2), not eugenics. Stand corrected, like the patient wearing NHS orthopaedic shoes!



At 6:03 pm,  nige said...

<https://www.dailymail.co.uk/news/article-1332070/Stafford-Hospital-inquiry-Patients-left-water-forced-drink-vases.html> -

***Patients at scandal-hit hospital 'forced to drink from vases after being left on ward without water'***

By DAILY MAIL REPORTER

UPDATED: 18:34, 23 November 2010

*Thirsty patients were forced to drink from vases of flowers after they were left on a ward without water, an inquiry heard today.*

*Campaigner Julie Bailey, whose mother Bella died at the scandal-hit Stafford Hospital, said patients were left 'screaming' out in pain on chaotic and under-staffed wards.*

*She said that when she raised the issue of lack of water on the wards with the nurses, she was told they could not leave drinks out for patients during the night because of 'health and safety'.*

*Miss Bailey, who slept at her mother's bedside in the hospital for eight weeks, told the inquiry: 'They couldn't find anything else to drink so they were drinking from flower vases.*

*'I saw that myself on several occasions, it wasn't just one occasion.*

*'There were just no fluids available for patients.'*

*Miss Bailey also told how her 86-year-old mother once collapsed on a ward after being left without her oxygen supply.*

*The grieving daughter set up the campaign group Cure The NHS after the death of her mother at Stafford Hospital, which has been heavily criticised for putting targets and cost-cutting ahead of patient welfare.*

*It has been claimed that hundreds of patients died at the hospital, run by Mid Staffordshire NHS Foundation Trust, as a result of sub-standard treatment.*

*Following the death of her mother in 2007, Miss Bailey lobbied for an open investigation into how appalling standards of care were allowed to persist.*

*A public inquiry into the care provided by the trust between 2005 and 2009 was launched earlier this month.*

*Today Miss Bailey told inquiry chairman Robert Francis QC that her mother collapsed on Ward 11 of the hospital after being left in a chair with no oxygen supply because there were no nurses available to reconnect the canister.*

*Miss Bailey said the pensioner, who had a hiatus hernia and suffered from breathing difficulties, had left the ward to undergo an endoscopy and was placed in a chair upon her return by a hospital porter.*

*She said her niece, who had been visiting, was told repeatedly that a nurse would reconnect the oxygen supply, but after 45 minutes no nurse had arrived and her mother collapsed.*

*Miss Bailey said: 'The healthcare assistant kept saying, "the nurse will be with you in a minute, the nurse will be with you in a minute" but she never came.*

*'So mum collapsed and my niece telephoned me.'*

*She added: 'I believe that if my niece hadn't gone in to see my mum at that particular time when she collapsed then she would have died there that day. I am convinced of it.*

*'After that I decided that mum would never be in that hospital alone and that is what we did.'*

*Describing the ward, Miss Bailey said: 'It was absolute chaos. There were people screaming out, shouting "nurse, nurse". It was just bedlam.*

*'There were just relatives waiting all the way down the corridor which I later learned was people, relatives, coming in for visitor hours and then waiting to talk to staff.*

*'It was just like clutter all the way down and people shouting out.*

*'It was just, it appeared to be, utter chaos on the ward.'*

*Remember that when you praise the virtues of the NHS.*





At 6:05 pm,  Anonymous said...

Miss Bailey should have reconnected the oxygen herself and watered the patients herself. Not rocket science, is it?



At 6:09 pm,  nige said...

I did that, brought in bottles of UFIT 500ml 50g protein thick banana milkshake from Tesco and dad gulped them down for six days, until an ignorant "nurse" stopped me on the seventh day, claiming he would cough and should be left to die "peacefully" from thirst and starvation. I also put my own woolly hat and coat on dad when the ward manager Mike Smith put him on oxygen because a nurse had left the window open and he was going into hypothermia with cold hands (circulatory collapse)! He didn't need oxygen, just warmth! Lunacy and quackery dressed up as medical competency by abusive thugs who just want to murder their patients and claim to be geniuses. Should be banned from the hospital immediately, but the police are impressed by his nasty lies, debunked on my tape recordings.



At 6:50 pm,  Harold Smith said...

Colchester Hospital declares 'major incident'

Colchester Hospital declares 'major incident'

Close

Colchester Hospital has declared a "major incident" following an inspection by the Care Quality Commission (CQC).

The hospital trust said the measure is likely to last a week, and asked patients to visit Accident & Emergency only if they have a "serious or life-threatening condition".

The CQC raised "safeguarding concerns" following an inspection on Wednesday.

Jon Brain reports.

Published 15 November 2014 Section BBC News Subsection UK

<https://www.bbc.co.uk/news/av/uk-30066778>



At 6:55 pm,  nige said...

Colchester Hospital is using nuclear wartime style "triage" in an ageist manner to deny care to elderly patients after they force them to be discharged too early then re-admitted three times. The fourth time, they deny them water (unless a visitor feeds their relative for the one hour allowed visiting time a day to keep them alive). Contrast this to the lying proganada the Stalinist media loves to publish:

<https://www.gazette-news.co.uk/news/19231730.colchester-hospitals-new-chief-nurse-plans-future/>

*EVERYONE should feel safe and supported when they come into Colchester Hospital.*

*So the hospital's new chief nurse Giles Thorpe is on a mission to ensure everyone's care is looked at holistically.*

*Giles joined the East Suffolk and North Essex Trust, which runs the hospital, in November.*

*He took on the role before the second wave of coronavirus hit.*

*With a 20-year career in the NHS, beginning in intensive care, Giles said he is often humbled by his peers, now more than ever, having witnessed just how "dedicated and flexible" he's seen all staff be since he arrived.*

So he has only been in the NHS 20 years (less than half mum's 48 years experience) and he is top dog. It's like putting a new born baby in charge of the Army, Air Force and Navy!



*At 8:49 am, @nige said...*

Too much evidence to fit on a DVD Rom! Will try to upload all evidence for the prosecution and for the media to publish under the Fair Trading exceptions permitted in the Copyright Acts:

Cook family vs NHS England, Highwoods Surgery and Essex Police

files to be deposited for storage (in case police related to Colchester Hospital "workers" "accidentally" lose or delete files emailed):

<https://archive.org/details/colchesterhospital>



*At 10:45 am, @nige said...*

More of the Essex Police "pass the parcel/buck around to create a catch-22 loop in which nothing is ever done by anyone", this time from the Essex police officer who was involved with stealing John Bryan Cook's car on 1 September 2020, thus preventing me from getting an emergency stairlift in parts in the hatchback Colt for when dad was discharged too soon by Colchester Hospital on 10 September 2020, 9 days after the car was taken (the officer who actually stole the car went on leave the next day so PC Holland took over and instead of returning the car when requested made me walk three times in total to the car pound and pay to have it released at the end of the week, too late to get order the stairlift in time, which we told Colchester Hospital about but they didn't care and lied that dad was "fit for discharge", dispute their paperwork data showing his sodium level disproved this). We wrote to chief constable to complain by recorded delivery, but never had any reply! Thus, Essex Police were assisting an offender, thus violating the Criminal Law Act 1967:

"Where a person has committed, any other person who, knowing or believing him to be guilty of the offence or of some, does without lawful authority or reasonable excuse any act with intent to impede his apprehension or prosecution shall be guilty of an offence." - Criminal Law Act 1967, section 4(1), "Penalties for assisting offenders".

Here is Chris Holland's dishonest email today to me:

From: Christopher Holland PC 42070635

Sent: 21 April 2021 09:44

To: nigel cook

Subject: RE: EXTERNAL - FW: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

Hello Mr Cook,

I'm assuming you have my details by accident on the email chain as I have had no dealings with this case. I am a road policing officer from Stanway in Essex. I'm hoping someone else on the email chain is aware of this incident and can help,

Thanks

Chris HOLLAND

Stanway Road Policing Unit

From: nigel cook

Sent: 19 April 2021 06:28

To: clerks@4kbw.co.uk; Pippa Mills DCC 42077808 ; Richard Allport ; Jill Evans ; jeremy.cook@wanadoo.fr; Christopher Raynsford PC 42074890 ; Christopher Holland PC 42070635

Subject: EXTERNAL - FW: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

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To: Basil Hillman, 4 King's Bench Walk, London. Telephone: 0207-822-7000 Fax: 0871-288-7022 Email: clerks@4kbw.co.uk



*At 6:43 am,  nige said...*

Quick update for all interested parties, 6.33am, 22 April 2021. I have been up all night on coffee producing pdfs of letters for evidence and audio files of tape-recordings, but have not finished by a long way. Mum was diagnosed yesterday of having suspected skin cancer by her private Oaks Hospital dermatologist Dr Mehta after her GP Dr Kumar of Highwoods Surgery inspected her and dismissed her skin lesions last year as a mere "rash". She has also two days ago had a blood test which shows abnormal hormone levels which, in the light of possible skin cancer, could indicate further problems. Since the Essex Police have not even bothered to respond, other than "pass the buck" type emails (which they did last year before not replying further at all), mum is a bit depressed and doesn't want Colchester hospital or the NHS involved in her care in future at all. She will have her hips done privately at a London hospital, possibly London Clinic if they do it, or maybe the London Independent Hospital where dad had to go to have his one stent fitted by Dr Tang in early 2005. The fact that the police and even BBC Look East are refusing to treat this as news of criminal activity is shameful and disgusting, but exactly what they did last year when I was injured and mum sustained further serious damage to her hip joints after John was discharged on 10 September with no proper physiotherapy care from ECL. They simply made things worse by coming for 20 minutes three times a day (total about 1 hour per day out of 24 hours when mum and I were caring for him and I was caring for mum who was in pain whenever she walked). They refused to care for mum, they refused to help rehabilitate dad (which I did all by myself, although eventually in early 2021 the police managed to get an ACE physiotherapist to visit twice, without notice and both times when John was at the end of the walking exercises I did with him and was too exhausted to do more with the physiotherapist!). This who scandal is disgusting and makes me feel very depressed. I can't take much more police or NHS abuse!



*At 6:52 am,  nige said...*

Sorry, when ECL came three times a day for 20 minutes a time, it made things worse because (1) they did nothing I wasn't doing before dad was hospitalised (helping dad wash, get dressed, brush teeth, walk when suffering with severe anaemia and critically low sodium and bleeding skin from Apixaban allergy, (2) they made it worse by coming at random times 7-11am, 7-11pm when dad was asleep in the morning and interrupting his sleep or when dad wanted to go to bed early at 4-6pm, they forced him to wait sometimes until 11pm for the carer to arrive and help him to bed, (3) they also made up abusive lies as indicated on this post and currently a complaint being handled by CQC and Joanna Seraphin of Essex Council adult protection services.

She is the only one to have bothered to speak to dad to confirm he is *compos mentis*!!! (Will have to leave this now at 6.52am to get ready for my PCR covid-19 test at Essex University at 8am 22 april 2021.)



*At 4:23 pm, @nige said...*

Update, 22 April 2021, 16.23hrs:

From: nigel cook  
Sent: 22 April 2021 16:20  
To: Will Quince MP  
Subject: RE: EXTERNAL - CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST (Case Ref: ZA48884)

Yes I give consent for the details to be shared. Thank you for replying!  
Nigel Cook

Sent from Mail for Windows 10

From: Will Quince MP  
Sent: 22 April 2021 15:21  
To: nigelbryancook@hotmail.com  
Subject: Re: EXTERNAL - CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST (Case Ref: ZA48884)

Dear Mr Cook

Re: John Bryan Cook

Thank you for emailing Will Quince MP and we were very sorry to read about the distress caused to you, your father and family at Colchester Hospital.

Will can raise your concerns with Nick Hulme, Chief Executive of Colchester Hospital. We would therefore be most grateful if you will email giving consent for Will to share your details and correspondence with him. A short email giving consent will be sufficient.

As soon as we have received confirmation from you, Will, will contact Nick Hulme on your behalf.

Once again, thank you for taking the time to contact Will.

With kind regards

Office of Will Quince MP  
Member of Parliament for Colchester

You can read how the Office of Will Quince handles your Personal Data at <https://www.willquince.com/privacy-policy>



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From: nigel cook  
Sent: 19 April 2021 19:02  
To: QUINCE, Will  
Subject: RE: EXTERNAL - CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

42 Pampas Close,  
Highwoods,  
Colchester,  
Essex,  
CO4 9ST  
Tel. 01206-842435

Dear Will Quince MP,

My dad John Bryan Cook has been abused at Colchester Hospital and I am publishing extensive evidence of it. Can you raise questions in the House of Commons on the matter please (see attached messages from the police).

Thank you for your time.

Yours sincerely,  
Nigel Bryan Cook  
(son of John Bryan Cook), Colchester Constituency, Essex.

Sent from Mail<https://go.microsoft.com/fwlink/?LinkId=550986> for Windows 10

From: john cook  
Sent: 19 April 2021 08:25  
To: Nigel Cook  
Subject: Fw: EXTERNAL - CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

From: Rob Huddleston T/D/SUPT 42001385  
Sent: 19 April 2021 07:30  
To: john cook  
Subject: RE: EXTERNAL - CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

Good morning

I have forward your emails to T/Chief Inspector Jon Evans who is the Current Colchester District Commander.

Best regards

Rob Huddleston

T/Detective Superintendent 42001385

Director of Intelligence

Kent and Essex Serious Crime Directorate

Force Senior Identification Manager DVI

Ext 42001385 (internal) Mobile 07970 962494 (Mobile)

Email: rob.huddleston@essex.police.uk

Personal Assistant: Beth Coyne

Kent and Essex Serious Crime Directorate

Email: beth.coyne@kent.police.uk

[cid:image002.png@01D734ED.E5725D90]



*At 10:59 am,  nige said...*

From: nigel cook

Sent: 23 April 2021 10:55

To: Chief Constable

Cc: QUINCE, Will; phillippa.mills@essex.police.uk ; jeremy.cook@wanadoo.fr; Ben-Julian.Harrington@essex.police.uk; Jill Evans

Subject: RE: EXTERNAL - RE: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

Dear C. Ford (T/Insp. 2162),

RE: LACK OF ANY RESPONSE FROM JON FORD, ATTACHED URGENT EVIDENCE SUBMISSION OF MURDER CHARGE FOR IMMEDIATE

## ACTION IF YOU WOULD DO IT YOURSELF PLEASE

I attach murder evidence phone recordings for immediate attention. We have never had any response (other than “pass the buck” with no outcome or updates) from numerous complaints by phone, email to local Colchester Police last year 2020, because they don’t consider Dr Harold Shipman-type murder attempts are a crime, or else because they have personal “clap for the NHS”-style propaganda links to Colchester Hospital (biggest employer here) and to ECL (Essex Cares LIMITED), so they are in a conspiracy in violation of the Criminal Law Act 1977 section 1(1). I have evidence to back up this statement which I shall publish. I have also been informed that Essex Police are currently busy with drugs gangs, who are higher priority than murder. I now please request this case be given the priority it deserves, since my mother is overdue for hip surgery on both hips at Colchester Hospital and has been abused (including most of the damage to her hips!) as have I, by Colchester Hospital.

I do not want her, myself or my father to have to go there until it stops deliberately trying to murder patients. If you refuse to uphold the law immediately, please let me know and I will press for a complaint against you. I am sure you have other important work, but remember that another force’s police bungling led Dr Harold Shipman to murder 215 human beings, when complaints were dismissed as trivial by police.

Thank you again for your concern and for your time. If you will accept a donation towards your investigation of £10,000 to Essex Police to help save the lives of the over-80s whose protection the Government states has been a majority priority thepast year (adding over £1 trillion to the national debt), I will pay it immediately by bank transfer to Essex Police Bank Account (please give me a/c number and sort code and account holder name), for an unbiased investigation unconnected to the biased local Colchester police station!

Yours sincerely,  
Nigel Bryan Cook  
Son of John Bryan Cook, attempted murder victim,  
(I have been given power of attorney by John Bryan Cook and have it all tape-recorded to avoid “confusion”).

Sent from Mail for Windows 10

From: Chief Constable  
Sent: 21 April 2021 14:55  
To: nigel cook  
Subject: RE: EXTERNAL - RE: CRIMINAL ATTEMPTS ACT 1981 SECTION 1(1) re JOHN COOK b. 30/06/1933, 42 Pampas Close, Highwoods, Colchester CO49ST

Dear Nigel Cook

Thank you for your email to CC Harrington.

One of my staff have asked Chief Inspector Jon Evans to review the content of your emails and respond to you in due course.

Regards,

C Ford  
T/Insp. 2162  
Staff Officer to CC Harrington  
Executive Support. HQ Directorate  
Essex Police | PO Box 2 | Sandford Road | Springfield | Chelmsford | Essex | CM2 6DA  
Tel: 0300 333 4444 (or 101 within Essex) | Website: www.essex.police.uk

...

*At 12:45 pm,  nige said...*

Amendment: Ann Cook points out a typing error in this blog post - for "vitamin B6" please read instead "vitamin B12".

(Incidentally, both John's sister Jill and his brother Jeremy Cook also have anaemia.)

*At 4:15 pm,  nige said...*

Amendment 2: my client Richard Allport, who runs itender.co and other sites that I set up and maintain while caring for my elderly parents, wishes to clarify his link to the Met Police as follows for the record:

Richard Allport's FATHER, John Allport, MBE, served at New Scotland Yard and was invested as an MBE by Her Majesty the Queen as a Member of the British Empire at Buckingham Palace on Tuesday 11 December 2007.

Just to avoid any confusion over who was in the Met Police!

(Also, use of the word "Empire" in no way, shape or form signifies approval for events in British colonies before the passing of the Slavery Abolition Act in 1833. Please note that slavery continued in America for another three decades, long after being abolished by the UK, and that most British police do not carry guns to confuse with tasers in an emergency.)

*At 10:55 am,  nige said...*

Update on John Cook, 24 April 2021: Colchester Police Officer Christopher Raynsford (PC 42074890) very kindly visited mum and me today from 9.30-10.45am and advised me not to publish the full tape recordings of the abuse at Colchester Hospital until CID arrive either today or tomorrow (they are very busy at present in Clacton). If they have to get statements from the suspects it is important they are not aware of the content of tape recordings in advance, although the tape recordings can afterwards be disclosed to the defence legal team when the case goes to court.

*At 11:28 am,  nige said...*

Update: 25 April 2021 - Colchester Hospital is STILL NOW abusing John Cook at Woodlands View by using an abusive, lying "speech therapist" to try to advise the staff not to feed dad food! Dad complained to his nurse YESTERDAY Saturday 24th April 2021 that the "speech therapist" who tried to murder dad at the hospital in March before I stepped in to feed him UFIT 500ml 50g protein banana milkshakes from Tesco - is STILL visiting him there and trying to prevent him being fed. I fed him solid foods and milkshakes for a week, with sips of water after each mouthful of mashed potato and mashed fish, to help him swallow, in March before an abusive "nurse" stopped me! Will be sending yet another complaint to police. Have instructed dad's Woodlands View nurse by phone at 11am today Sunday 25th April 2021 to BAN all NHS Colchester Hospital "recommended" "speech therapist teams" from entering his room! Dad has his tonsils removed like me, and like me chokes on a first sip of water to a dry throat! This is not an excuse to deny him FOOD!!!! Speech therapists are liars as I found out as a kid abused by them myself when I was given "speech therapy" while having frequency distorted hearing (a form of abuse), due to blocked eustachian tubes which dad also had!! Dad does not deserve this abuse. Mum is beside herself again, having this on top of constant pain from both damaged hip joints and a cancer diagnosis last week! Life is being made terrible.



CID have still not arrived although they phoned for some info last night.



*At 2:04 am,  nige said...*

Future updates will be at the links:

<https://www.facebook.com/nigalbryancook/>

and

<https://archive.org/details/colchesterhospital>



*At 1:15 pm,  nige said...*

See Nige Cook's analysis of the groupthink anti-individualism "groupthink" (which Ann Cook RGN says is termed "teamwork" by left wingers in the NHS, those who in 1984 coerced her into joining union strikes chanting political slogans "maggie, maggie maggies, out out out" like the animals in George Orwell's book 1984, against any basis in reason since the left wing USSR's hatred of capitalism prevented it developing its own integrated circuits for PET scanners and MRI scanners, so it had very backward medicine, loads of underpaid doctors with Victorian apparatus, the hard socialism mentality of utopia): <https://vixra.org/abs/1511.0067>



*At 6:06 am,  Anonymous said...*

I see in a video you have on youtube that the Daily Express is mentioned. It was taken over by left wing Mirror group guys who believe in the NHS like a new Mecca and is edited by hard stalinist Owen Jones, or maybe the man's name is Gary Jones? He is one of those who caused the present NHS overload by refusing to publish the truth on masks a year ago, and also by supporting excessive immigration to undermine the NHS, by overload. He says on his wikipedia page that he could not sleep when the previous Daily Express editor pointed out the stresses caused to the NHS by excessive immigration. But he could not sleep because he hated that editor, not because he realised he had got it all wrong! Your mother, who I know very well indeed, was an immigrant to the UK who first got a written job offer from the NHS, based on her hard work in the Republic of Ireland, and she spent 48 years serving the people of the UK. By contrast Gary Jones or Owen Jones won't ever publish the truth, unless shamed first. They put politics ahead of the common good!



*At 6:13 am,  nige said...*

Please don't make generic attacks on newspaper editors on this blog post.

There are lots of editors on any paper or TV: the over all editor, assistant editor, sub-editors (who in the stone age, used to assemble the text, photos and headlines on to the pages, creating the "finished" typeset articles using Quark software on elitist Applemacs), then copy-editors (who re-write the words or "copy" in a word-processor to turn it from hard facts into an interpretative, sensational "story" that has a simplistic "narrative", like a fairy tale).

If the Daily Express has been involved in attempts to murder John Cook via Essex Council worker Joanna Seraphin, while he is extremely anaemic and has thus passed power of attorney to me, by making up false complaints in collaboration with the accused Sister England, then it is felony under section 1(1) of the Criminal Law Act 1977.



*At 9:05 am,  nige said...*

Here is Joanna Seraphin's email to me after John Cook complained he had been told LIES by her (we have already published the video of him making his complaint on Youtube, with the carer Anu claiming against John's memory that he was NOT forced into taking the call, but also admitting that SHE LEFT THE BUILDING and allowed the "alleged" abuse of John, resulting in his being confined to bed the next day with suicidal depression until I arrived the next day, and unshaved by Barchester Homes care staff for a week he claims, which I find VERY suspicious):

From: Joanna Seraphin - ASC Social Worker  
Sent: 29 April 2021 18:33  
To: nigel cook  
Subject: RE: John Cook's complaint today about Joanna Seraphin making him feel suicidal  
Importance: High

Dear Nigel,

Thank you for your email.

I am sorry to hear you felt your father was apparently upset after my video call with him on 27/4/2021 in the presence of care staff at Woodland View.

During my call with your father, he communicated well with me and showed no signs of distressed or upset. I had made this call to get your father's views around the issues raised in a concern received by Social Services. Your father was able to confirm to me details he knew but there some details he had no awareness of but told me whatever you were doing, you were doing it in his best interest and did not wish for Social Services to look into any of the matters we discussed any further. It was agreed with your father that no further enquiries would be made and the matter would be closed.

At the end on my conversation with your father, he told me he is happy with the care he receives here at Woodland View and was getting ready to have his Covid 19 vaccine.

Having received your email I have since contacted Woodland view to find out from them how your father was after my video call. The feedback I received from the Home was that your father was not upset with the conversation I had with him or with me but, was worried with the nature of the areas covered relating to the family and this resulted in him requesting staff contact you to visit him so he could have a conversation with you.

I am sorry for any distress caused to you if you believed I had caused your father upset and distress. I want to assure you that had your father shown any signs of distress during my call with him, I would have stop the call.

Kind Regards

Joanna Seraphin  
Adult Social Care Social Worker  
OA Team 1 North

Adult Social Care - North  
Essex County Council

T: 033301 37354

M: 07702900564

Email: joanna.seraphin@essex.gov.uk



*At 9:13 am,  nige said...*

What Joanna has been asked to do is to investigate abuse of John to support a police investigation, NOT to abuse John on the order of D'Arcy Ward abusive Sister England or a newspaper! We have already requested bodycam/Colchester Hospital D'Arcy Ward and main corridors CCTV of John's abuse and my abuse, particularly on and around Saturday 3 April (when I had to walk home cold, leaving my woolly hat and coat on dad to overcome his HYPOTHERMIA which was caused by a nurse leaving the window open and then refusing to give dad enough blankets to raise his core temperature to stop hypothermia - additional proof of this will be me entering Hospital Ward in woolly hat and coat, and being forced to leave without them on the CCTV tapes) and Easter Sunday 4 April 2021 (when I was blocked by Mark Smith and threatened with assault as tape recorded, resulting in further abuse from a police officer on 999 when I attempted to play the tape and they would not even listen to the complaint), and the following Tuesday when I was blocked physically by Dr Rasool in D'Arcy Ward Corridor after Mark Smith entered the room to interfere with my visit to John at Joanna Seraphin's request (she told me to call her voicemail during the visit to get dad to give evidence of his abuse by Colchester Hospital, Mark Smith had nurses in the room listening who went to fetch him and then he started shouting that he refused to have his abuse documented on tape recordings despite it being evidence of repeated criminal attempted murder of John that was being documented).

From: Joanna Seraphin - ASC Social Worker

Sent: 29 April 2021 18:33

To: nigel cook

Subject: RE: John Cook's complaint today about Joanna Seraphin making him feel suicidal

Importance: High

Dear Nigel,

Thank you for your email.

I am sorry to hear you felt your father was apparently upset after my video call with him on 27/4/2021 in the presence of care staff at Woodland View.

During my call with your father, he communicated well with me and showed no signs of distressed or upset. I had made this call to get your father's views around the issues raised in a concern received by Social Services. Your father was able to confirm to me details he knew but there some details he had no awareness of but told me whatever you were doing, you were doing it in his best interest and did not wish for Social Services to look into any of the matters we discussed any further. It was agreed with your father that no further enquiries would be made and the matter would be closed.

At the end on my conversation with your father, he told me he is happy with the care he receives here at Woodland View and was getting ready to have his Covid 19 vaccine.

Having received your email I have since contacted Woodland view to find out from them how your father was after my video call. The feedback I received from the Home was that your father was not upset with the conversation I had with him or with me but, was worried with the nature of the areas covered relating to the family and this resulted in him requesting staff contact you to visit him so he could have a conversation with you.

I am sorry for any distress caused to you if you believed I had caused your father upset and distress. I want to assure you that had your father shown any signs of distress during my call with him, I would have stop the call.

Kind Regards

Joanna Seraphin  
Adult Social Care Social Worker  
OA Team 1 North

Adult Social Care - North  
Essex County Council

T: 033301 37354  
M: 07702900564  
Email: joanna.seraphin@essex.gov.uk



*At 5:36 pm, e nige said...*

I wish also to point out that I have sold articles around 15-25 years ago while working as a freelance technical author / journalist to magazines and national newspapers, and I have NEVER PAID FOR THEIR PUBLICATION (I have been paid, this is the standard way it happens!). Whatever newspaper claimed I paid them £10,000 to have an article published is a damn liar, and this is a police matter because it resulted in dad being abused, so he states.



*At 1:25 pm, e nige said...*

Ann Cook, RGN, intensive care postgraduate (Hammersmith Hospital), and I had an unsatisfactory discussion on Saturday over John Cook's police attempted murder case, resulting in another 999 call for abuse of me when I couldn't do more to have the perpetrators arrested, due to CID bungling. I have just sent an email in agreement with her to the care home, copied to Chief Constable (who hopefully will forward it to CID, since we don't have their email yet):

From: nigel cook  
Sent: 03 May 2021 12:40  
To: WoodlandView.Reception@barchester.com; Christopher Raynsford PC 42074890; Joanna Seraphin - ASC Social Worker; Chief Constable  
Subject: Community nutritionists for John Cook in Room 19

Dear Lynn,

I just called in and dropped in 10 strawberry flavour 25g protein milkshakes for John Cook, room 19. He is to have two a day, morning and night, on orders of Ann Cook RGN who did a postgraduate course in specialised cardio intensive care for five years at Hammersmith Hospital, London.

She says he is NOT to have any community "dieticians" restricting his diet to type 4, or any other interference, without her prior approval. She is afraid they will simply implement the lying Dr Rasool's claims that John is unable to eat food, has advanced heart problems, has dementia, etc., when in fact even under severe anaemia (which Dr Rasool refused to test or treat!), his heart ejection fraction has remained stable around 50% for five years, and he has not had an angina attack in that time despite the recent stresses on his heart caused by his pneumonia and sepsis last month when Colchester Hospital criminally refused her request to send him to intensive care and provide blood transfusions. Please mark Colchester Hospital reports and recommendations that have any input from Dr Rasool, consultant on D'Arcy Ward "LIES" so anyone reading them is aware that Ann Cook RGN has evidence they are not true, and are a cover-up campaign for attempted murder.

I am carbon copying this email to PC Christopher Raynsford, Joanna Seraphin ASC Social Worker, and the Chief Constable's office. We are attempting to ensure John's haemoglobin is re-checked by Mill Road Surgery tomorrow and he is given oxygen/blood transfusions to prevent further collapses on

standing and risks of heart failure due to oxygen insufficiency resulting from the blood losses he ensured due to Dr Suresh.

Cheers,  
Nigel Cook  
Son of John Cook



*At 10:11 am,  nige said...*

8 May 2021 10am update. This is NOT isolated. My client Richard says his mum, who has had leukemia for 3 years was admitted to hospital yesterday after a fall, then kicked out at 2am this morning (he had to go and pick her up). His dad got the MBE for services to the Met Police at New Scotland Yard, London. All this would have been prevented if they had listened to the previous post on this blog from well over a year ago, warning that masks were needed to prevent the pandemic because if you go for "herd immunity", the virus simply has a huge pool to mutate new forms and once it has say a hundred major variants, you can flush your vaccines down the plughole for all the use they will be. It will be resistant to vaccines once it mutates sufficiently to overcome simplistic spike protein recognition in huge crowded populations in the cities of Africa and India. Proper gas masks that keep fingers from accidentally touching nose, eyes, mouth, not vaccines, stamps out respiratory infections. As a bonus, it could reduce or even eliminate (if bird reservoirs of flu are vaccinated via bird feeders) the common cold, pneumonia, and other aerosol vector disease!



*At 8:43 pm,  nige said...*

From: nigel cook

Sent: 10 May 2021 20:30

To: Nick.Hulme@esneft.nhs.uk; tips@dailymail.com; Joanna Seraphin - ASC Social Worker; PALS; jeremy.cook@wanadoo.fr; Jill Evans; QUINCE, Will; concerns@cqc.org.uk; PALS

Subject: FW: Complaint about my attempted murder by Colchester Hospital and "hundreds" of continuing palliative discharge murders by Colchester Hospital, 2020-2021

Spoke to Oaks Hospital cardio consultant and Colchester Hospital Divisional Director Dr Alan Harkness privately on phone (taped call, as did he for reference purposes): he claims John Cook's Colchester Hospital blood test dated 8 April 2021 (he was discharged next day, 9 April with very low haemoglobin) showed a haemoglobin level of just 109 grams per litre, far below the N.I.C.E. criterion for anaemia which is anything below 130 grams per litre for men over 15 years (dad is 87!). ... Will publish all evidence asap since Colchester Police CID have done NOTHING about these crimes. Colchester Hospital has 763 beds, by the way, and on 4 May the number of hospital beds occupied by covid cases in the WHOLE OF ESSEX (not just Colchester Hospital) was only 21, and had only been 33 a week previous in April. So Harkness's ... covid "excuse" for John Cook's admission 18 March-9 April, stinks to high heaven. Harkness claimed that when John was admitted in January there were 400 cases: problem is that John was NOT admitted in January.

Sent from Mail for Windows 10

From: nigel cook

Sent: 08 May 2021 03:00

To: Christopher Raynsford PC 42074890; Chief Constable; Jill Evans; jeremy.cook@wanadoo.fr; QUINCE, Will

Subject: FW: Complaint about my attempted murder by Colchester Hospital and "hundreds" of continuing palliative discharge murders by Colchester Hospital, 2020-2021

For your information:

From: john cook



Sent: 08 May 2021 02:48

To: Nick.Hulme@esneft.nhs.uk; tips@dailymail.com; Joanna Seraphin - ASC Social Worker; Nigel Cook; concerns; PALS

Subject: RE: Complaint about my attempted murder by Colchester Hospital and "hundreds" of continuing palliative discharge murders by Colchester Hospital, 2020-2021

Dear Chief Executive of Colchester Hospital Nick Hulme,

... I have been admitted to Colchester Hospital with minor problems: sodium deficiency, apixaban allergy bleeds which caused skin, urinary tract and lung lesson infections which could have been treated at home by a GP simply switching anticoagulants from apixaban to aspirin or any of many alternatives (I have minor AF but have never had an angina attack in many years and was vigorously exercising using stairs - without any stairlift in my home, until last September's collapse on the stairs due to your hospital's illegal activity) but Dr Suresh of Highwoods Surgery who refused to do this during the pandemic and called an ambulance to pass the buck instead, having already caused most of my original problems by refusing sodium & haemoglobin blood tests ...

My son has been physically and verbally abused repeatedly by Colchester Hospital doctors and has recorded the abuse ... I have written to you repeatedly since 12 September 2020 at Colchester Hospital, we have emailed PALS and the ward sister Alyce England repeatedly, but have not received any reply whatsoever from Colchester Hospital to complaints in writing. Recently after my son at my request contacted Colchester's MP, he received yet another abusive telephone call ... He and my wife have already also received repeated abusive phone calls from the girlfriend of D'Arcy Ward "doctor" Ahmed, violating the Data Protection Act 2018 by using personal information and also the Privacy and Electronic Communications Act 2003. We have repeatedly since last year requested both Colchester Hospital and also Essex Police to use EMAIL or LETTERS since the abuse of John last year led to serious injuries to his wife Ann Cook's replacement hip joints (both now loose in their sockets), causing excruciating agony when rushing to answer the phone, and also further damage ...



*At 8:44 pm, @nige said...*

Sorry, typing error above, should read "108 grams/litre of haemoglobin on 8 april 2021", not 109.



*At 8:52 pm, @nige said...*

**In any case, over a year ago, John pointed out in the previous post that the 55,000,000 British C7 gas/biological virus general purpose civil defence masks stockpiled until 1968 would prevent the pandemic if worn where covid transmission was possible for two weeks, since the virus as a surface contaminant only survives a few days:**

**<https://glasstone.blogspot.com/2020/03/gas-masks-or-eh20-escape-hoods-as.html> (CLICK HERE FOR LINK)**

**So there was SIMPLY NO NEED FOR 400 covid-19 bed blockers in January 2021!**



*At 9:07 pm, @nige said...*

<https://uk.linkedin.com/in/nick-hulme-11534b21> - Seems that Nick Hulme is based in Ipswich, not Colchester, although Chief Executive of both Ipswich and Colchester Hospitals! States on linked in that he was educated at Ratcliffe College from 1974-9, "Ratcliffe College is a Catholic independent school in Leicestershire"... makes a lot of sense...



*At 7:38 am,  nige said...*

From: nigel cook

Sent: 12 May 2021 02:21

To: WoodlandView@barchester.com; press@barchester.com

Subject: RE: Contract

Hi Hannah,

I will make payment today. Please could you let me know the full name and professional registration of the “nurse” at Woodland View who is banning visits to John by me (Ann can’t since she has an open wound from skin cancer surgery last week as well as damage to both replacement hips caused by Colchester Hospital on 10 September), and who put John into the Joanna Seraphin lying abusive call and then left him unsupervised to be subject to what John calls abuse and worry with him suffering from very low haemoglobin, which on 8 April was 108 grams/litre, compared to 130 grams/litre NICE definition of anaemia, and a normal level in men of around 155 grams/litre? This caused a lot of stress. Do you have a video recording of that call which caused John to get into suicidal depression please? I want more information please.

Thank you for your help.

Nigel Cook

Sent from Mail for Windows 10

From: WoodlandView@barchester.com

Sent: 11 May 2021 12:37

To: nigel cook

Subject: FW: Contract

Hello,

Following on from my previous email, please see attached invoice.

Kind regards,

Hannah Juggins

Administrator

Telephone: 01206 855 390

Email: woodlandview@barchester.com

Website: www.barchester.com/home

Woodland View Care Home

216 Turner Road

Colchester

Essex

CO4 5JR



*At 7:39 am,  nige said...*

From: nigel cook

Sent: 28 April 2021 18:58

To: ben-julian.harrington ; Joanna Seraphin - ASC Social Worker ; John Cook ; Richard Allport ; Christopher Raynsford PC 42074890 ; Jill Evans ;

jeremy.cook@wanadoo.fr

Subject: RE: Correspondence between you and Sister England who attempted to murder John Cook

CAUTION: This is an external email.

Dear Joanna Seraphin,

RE: Correspondence between you and Sister England who attempted to murder John Cook and the Criminal Law Act 1977 section 1(1)

My father John Cook has authorised me to make a freedom of information act request on his behalf for emails etc between yourself and Sister England (he is aware of the one below), in view of Joanna Seraphin's allegedly "disturbing" skype video phone call to John Cook at Woodland View Nursing Home yesterday which he says made him feel "depressed and suicidal" under section 1(1) of the Criminal Law Act 1977. He stated to me, and this was confirmed by his nurse Anu at Woodlands View, that he felt upset by the skype call he was coerced into taking yesterday. He has asked me to deal with the matter.

In the first instance, please let me make a Freedom of Information Act 2000 request for all correspondence, calls, emails etc taking place between the accused Sister England (see her email to Joanna Seraphin copied below) and Joanna Seraphin. Let me know if we need to get a barrister involved to get this info.

Cheers,

Nige

Sent from Mail for Windows 10

From: England, Alyce

Sent: 09 April 2021 13:37

To: 'Joanna.Seraphin@essex.gov.uk'

Cc: johnbryancook@hotmail.com; 'nigelcook@quantumfieldtheory.org'

Subject: John Cook

Hi Joanna

I have tried to contact you via telephone today to discuss John Cook's on going care needs when leaving hospital. It has been discussed and agreed that John will be discharged today to Woodlands View Nursing home for Palliative care privately funded initially for 4 weeks. Whilst John has been with us here on Darcy ward he was assessed for Continuing Healthcare Funding and this was granted for The Oaks Nursing Home. John and his family declined this as their preference is for John to go to Woodlands View.

I write to request please for you to follow John up within the coming weeks if possible to apply if appropriate for CHC funding for John's continued care whilst at Woodlands View.

Please do not hesitate to contact me if you require any further information concerning this.

Regards & thanks

Alyce England

Ward Sister  
Darcy Ward  
Ext 5389

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*At 7:39 am, @nige said...*

From: nigel cook  
Sent: 12 May 2021 02:57  
To: Joanna Seraphin - ASC Social Worker; Christopher Raynsford PC 42074890; Chief Constable; phillippa.mills@essex.police.uk  
Subject: RE: Correspondence between you and Sister England who attempted to murder John Cook

Hi Joanna,

RE: On Monday 10 May 2021, Colchester Hospital Divisional Director cardiologist Dr Allan Harkness stated in a tape recorded 45 minute phone call to me that on discharge on 9 April John B. Cook was suffering from very low haemoglobin, which on 8 April was 108 grams/litre, compared to 130 grams/litre NICE definition of anaemia, and a normal level in men of around 155 grams/litre, a vital fact omitted deliberately and murderously from his discharge summary despite proof of many ignored emails and taped calls about this to Sister England and the rest of them

After requesting Freedom of Information Act 2000 information of vital importance to stopping murders at Colchester Hospital, we have finally received a form to fill in, not the requested information. I will fill it in and submit it today. However in view of the urgency of preventing more of the “hundreds” of existing murders proudly announced on the phone at 5am, five hours after John’s last admission to Colchester Hospital suffering from Hospital and GP caused apixaban allergy injuries (anaemia and sepsis caused by asymptomatic “pneumonia” – he had no cough or respiratory symptoms as confirmed by me, mum RGN and the paramedics who were puzzled by where the infection causing the shock, blood pressure and pulse anomalies was) by the A&E consultant who seemed proud to refuse to send John to intensive care for proper treatment for the injuries caused him by the NHS, we demand a police investigation into this.

Can the police investigate why the hospital says it has murdered hundreds of people please? Please let me know if you are short of funds, because in the spirit of helping the NHS to improve and stop murdering people, I am happy to contribute from my savings to this investigation!

Thank you.

Nigel Cook

Sent from Mail for Windows 10

From: Joanna Seraphin - ASC Social Worker  
Sent: 29 April 2021 10:43  
To: nigel cook  
Subject: RE: Correspondence between you and Sister England who attempted to murder John Cook

Nigel,

Thank you very much for your email. This to advise that I have passed on your request for information regarding my communication with Sister Alyce England to our Transparency Team, who will deal with your request further .  
Kind Regards

Joanna Seraphin  
Adult Social Care Social Worker  
OA Team 1 North

Adult Social Care - North  
Essex County Council

T: 033301 37354  
M: 07702900564  
Email: joanna.seraphin@essex.gov.uk

<https://www.socialworkengland.org.uk/>



*At 7:40 am,  nige said...*

From: nigel cook  
Sent: 12 May 2021 02:57  
To: Joanna Seraphin - ASC Social Worker; Christopher Raynsford PC 42074890; Chief Constable; phillippa.mills@essex.police.uk  
Subject: RE: Correspondence between you and Sister England who attempted to murder John Cook

Hi Joanna,

RE: On Monday 10 May 2021, Colchester Hospital Divisional Director cardiologist Dr Allan Harkness stated in a tape recorded 45 minute phone call to me that on discharge on 9 April John B. Cook was suffering from very low haemoglobin, which on 8 April was 108 grams/litre, compared to 130 grams/litre NICE definition of anaemia, and a normal level in men of around 155 grams/litre, a vital fact omitted deliberately and murderously from his discharge summary despite proof of many ignored emails and taped calls about this to Sister England and the rest of them

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Thank you.

Nigel Cook

Sent from Mail for Windows 10

From: Joanna Seraphin - ASC Social Worker

Sent: 29 April 2021 10:43

To: nigel cook

Subject: RE: Correspondence between you and Sister England who attempted to murder John Cook

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Kind Regards

Joanna Seraphin

Adult Social Care Social Worker

OA Team 1 North

Adult Social Care - North

Essex County Council

T: 033301 37354

M: 07702900564

Email: joanna.seraphin@essex.gov.uk

<https://www.socialworkengland.org.uk/>



*At 7:40 am,  nige said...*

From: WoodlandView.Reception@barchester.com

Sent: 03 May 2021 15:58

To: nigel cook

Subject: RE: Community nutritionists for John Cook in Room 19

Hello Nigel

I have printed your email and passed it on to the unit.

Kind Regards

Lynn

Lynn Sampson  
Administration Assistant  
Woodland View  
Turner Road  
Colchester  
CO4 5JR

Tel: 01206 855390  
Fax: 01206 621890

From: nigel cook [mailto:nigelbryancook@hotmail.com]  
Sent: 03 May 2021 12:40  
To: Woodland View Reception ; Christopher Raynsford PC 42074890 ; Joanna Seraphin - ASC Social Worker ; Chief Constable  
Subject: Community nutritionists for John Cook in Room 19

WARNING: This email is from an external source - be careful of links and attachments. Make sure they are not malicious.

Dear Lynn,

I just called in and dropped in 10 strawberry flavour 25g protein milkshakes for John Cook, room 19. He is to have two a day, morning and night, on orders of Ann Cook RGN who did a postgraduate course in specialised cardio intensive care for five years at Hammersmith Hospital, London.

She says he is NOT to have any community "dieticians" restricting his diet to type 4, or any other interference, without her prior approval. She is afraid they will simply implement the lying Dr Rasool's claims that John is unable to eat food, has advanced heart problems, has dementia, etc., when in fact even under severe anaemia (which Dr Rasool refused to test or treat!), his heart ejection fraction has remained stable around 50% for five years, and he has not had an angina attack in that time despite the recent stresses on his heart caused by his pneumonia and sepsis last month when Colchester Hospital criminally refused her request to send him to intensive care and provide blood transfusions. Please mark Colchester Hospital reports and recommendations that have any input from Dr Rasool, consultant on D'Arcy Ward "LIES" so anyone reading them is aware that Ann Cook RGN has evidence they are not true, and are a cover-up campaign for attempted murder.

I am carbon copying this email to PC Christopher Raynsford, Joanna Seraphin ASC Social Worker, and the Chief Constable's office. We are attempting to ensure John's haemoglobin is re-checked by Mill Road Surgery tomorrow and he is given oxygen/blood transfusions to prevent further collapses on standing and risks of heart failure due to oxygen insufficiency resulting from the blood losses he ensured due to Dr Suresh.

Cheers,  
Nigel Cook  
Son of John Cook



*At 7:41 am,  nige said...*

From: nigel cook  
Sent: 28 April 2021 11:06  
To: Christopher Raynsford PC 42074890; Ben-Julian.Harrington@essex.police.uk  
Subject: RE: John Cook, Criminal violations of the Data protection Act 2018 section 170 unlawfully obtaining personal data

RE: John Cook, Criminal violations of the Data protection Act 2018 section 170 unlawfully obtaining personal data

Just to confirm, Ann Cook would like the girlfriend of Dr Ahmed (who phoned repeatedly blocking Mr Maheshwar's phone calls on Thursday 1 April 2021) arrested for criminal violation of

Data protection Act 2018, Section 170, unlawfully obtaining personal data.

She said that Dr Ahmed, ward doctor on D'Arcy Ward, Colchester Hospital, had instructed her to make lying calls blocking her line repeatedly, claiming falsely that we had asked for a PET scan for John Cook, a lie.

Cheers,  
Nigel And Ann Cook RGN (retired)

Sent from Mail for Windows 10

From: Christopher Raynsford PC 42074890  
Sent: 26 April 2021 22:03  
To: nigel cook  
Subject: Re: EXTERNAL - FW: John Cook, room 19, Woodlands View

Mr Cook

I will have to find out if the body worn video can be disclosed, in the meantime to preserve it can you tell me the incident number at all or the surname of the officer with a date.

Regards

Christopher Raynsford  
Police Constable 74890 | North Local Policing Area | Essex Police |  
( 101 (external) 430817 (internal) Mobile 07815 491488)  
Colchester Commitment – Putting People & Communities at the heart of everything we do.



*At 7:42 am,  nige said...*

From: nigel cook  
Sent: 25 April 2021 13:39  
To: Christopher Raynsford PC 42074890  
Subject: RE: John Cook, room 19, Woodlands View

Hi Christopher,

Thanks for visiting us yesterday at 42 Pampas Close. I called 101 today but they wouldn't take a message and they said you weren't coming to work until 3pm today so just a short email with two serious problems:

1. I've now finally identified from tapes of phone calls that at least one of the nuisance call culprits is a female claiming to a doctor who is the girlfriend of

Dr Ahmed who abused dad and myself. Dr Ahmed was ward doctor on D'Arcy Ward in March 2021 (a month ago). She did not give her name but called repeatedly on Thursday (the day before Good Friday 2021) trying, apparently to block consultant Mr Maheshwar's call to us from the Oaks Hospital when had previously told Sister England of D'Arcy Ward we had booked a phone call privately from Mr Maheshwar that afternoon. She called repeatedly despite being told we were expecting an urgent call. She made up lying claims that I had requested Dr Ahmed to take a PET scan of dad, which I had never done! Mum was severely disturbed by repeated her nuisance lying calls. We are going to try to get any records BT has to see if she also made nuisance calls to us after that time, or if they were Mark Smith.

2. Dad complained yesterday at Woodland View that he is being again denied food after dad's nurse at Woodland View (which costs us £5200 every 4 weeks) was visited by a "Colchester Hospital expert speech therapist who instructed Woodland View to deny dad any food". I have emailed and phoned them to instruct that no further visits from anybody sent by Colchester Hospital are to be permitted unless myself, mum and police are present to monitor the visit to prevent further abuse

Cheers,  
Nige

Sent from Mail for Windows 10

From: nigel cook  
Sent: 25 April 2021 12:24  
To: Christopher Raynsford PC 42074890  
Subject: FW: John Cook, room 19, Woodlands View

Sent from Mail for Windows 10

From: john cook  
Sent: 25 April 2021 12:06  
To: WoodlandView@barchester.com; Joanna Seraphin - ASC Social Worker; Nigel Cook; Ben-Julian.Harrington@essex.police.uk  
Subject: Re: John Cook, room 19, Woodlands View

Dear Hannah,

Please put a note on John Cook's file for Woodlands View to block all Colchester Hospital "speech therapist" and other visits to John Cook (together with Highwoods Surgery's Dr Suresh et al.), unless approved in advance by his wife Ann Cook RGN (retired) and myself. We will need to be present during any such future visits, together with CID detectives, to ensure no further abuse occurs.

I spoke to John's nurse at Woodlands View by phone at 9am today Sunday 25 April 2021 who told me John complained that a speech therapist yesterday banned dad from eating food, although I had fed dad mashed potato and mashed fish for a week together with UFIT 500ml 50g protein banana milkshakes, until I was stopped by a "nurse" who lied that he would choke. (He had his tonsils removed aged 5 like me and always chokes on a first sip of water, but can swallow solid food if given water sips to help him swallow correctly. I have the same problem and I'm just 49!)

Mum and myself were finally visited by a police officer for over an hour yesterday Saturday 25 April 2021 and CID branch phoned in the evening for an hour to get more details and we have kindly been offered support by Colchester's MP, Will Quince. We are asking him to raise questions in the House of Commons with Parliamentary Privilege, which will bypass Data protection Act and Copyright Act issues and permit the press and TV to report the case, which allows other abused patients families to come forward

Sorry to send you many emails about John. I recognise you are very busy with general admin! Hopefully it will all be over soon.

Kind regards,

Nigel Cook and Ann Cook RGN (retired)  
(son and wife of John Cook, holding the power of attorney for his care)



*At 7:43 am,  nige said...*

From: nigel cook  
Sent: 28 April 2021 08:21  
To: John Cook; Joanna Seraphin - ASC Social Worker; Jill Evans; jeremy.cook@wanadoo.fr; Christopher Raynsford PC 42074890  
Subject: RE: EXTERNAL - FW: John Cook, room 19, Woodlands View

Sorry, mum has just said she will write the newspaper article (her favourite is the Telegraph, which she used to have letters published in long ago), by herself damning the NHS, as a former NHS employee of 48 years she has lots of additional evidence to disclose of cover-ups aided by the police dating back decades, including patients who had the wrong leg amputated when a careless surgeon flipped the x-ray on the light box, then incinerated it quickly and then lied that it had been badly infected as a cover up, black patients who died from blood in the lungs in post-operative recovery lying on their backs when ignorant doctors refused to allow her to put them into the recovery position, because the “standard procedure” at the time was to look for internal haemorrhage by “pale skin colour” (blatant NHS racism), etc, etc., etc., etc. Expect fireworks, she is mad. I will just produce a TV documentary with dad’s help (he has been a computer wizz since being introduced to vacuum computers in the 1960s while a London accountant)!

Sent from Mail for Windows 10

From: nigel cook  
Sent: 28 April 2021 06:58  
To: John Cook; Joanna Seraphin - ASC Social Worker; Jill Evans; jeremy.cook@wanadoo.fr  
Subject: FW: EXTERNAL - FW: John Cook, room 19, Woodlands View

Sent from Mail for Windows 10

From: nigel cook  
Sent: 28 April 2021 06:25  
To: Christopher Raynsford PC 42074890  
Subject: RE: EXTERNAL - FW: John Cook, room 19, Woodlands View

Just an update. All of the tape-recordings are now MP3 (universally compatible) audio files, fully indexed with date and time in the file name (the time is the time the smartphone stamped their details with the instant the recording ended). ...



*At 8:29 am,  nige said...*

From: nigel cook  
Sent: 28 April 2021 17:54  
To: Christopher Raynsford PC 42074890; Joanna Seraphin - ASC Social Worker  
Subject: RE: John Cook's complaint today about Joanna Seraphin making him feel suicidal



Dear All,

I am caring for my 88 year old mother single handed who has a cancer diagnosis and agony in both hips and today I was summoned by dad's nurse, Anu, to Woodland View Care Home, Turner Road Colchester to hear my dad, John Cook, complain that he couldn't sleep last night and felt suicidal following a skype call he was forced into taking a call from Joanna Seraphin yesterday afternoon, in which he claimed (I videoed his claim so there is no "confusion" about the allegation, Joanna Seraphin insisted that I was being coercive of him and had sold an unauthorised newspaper article under his name.

I had trusted Joanna Seraphin last year and am frankly disappointed that my dad felt suicidal as a result of his call, and has refused to get up into a chair today for the first time in a week. ... . Yesterday when I visited him he was on facebook on his smartphone which I brought in, for the first time in years. He set up a facebook account about a decade ago but never used it. Now he is. Let's try to help him enjoy life. I'm sick of making more and more complaints by behalf of my mum and then being abused myself by bigots for so doing. It's pretty obvious now that you are not so far really treating this seriously.

Cheers,  
Nigel Cook

Sent from Mail for Windows 10



*At 8:32 am,  nige said...*

From: nigel cook

Sent: 01 May 2021 09:19

To: Christopher Raynsford PC 42074890; Chief Constable; Ben-Julian.Harrington@essex.police.uk; Joanna Seraphin - ASC Social Worker

Subject: RE: John Cook's complaint today about Joanna Seraphin making him feel suicidal

Dear Chief Constable,

Please give Christopher Raynsford PC 42074980 whatever extra resources/time to obtain the police officers bodycam/Colchester Hospital D'Arcy Ward and main corridors CCTV of John's abuse and my abuse, particularly on and around Saturday 3 April (when I had to walk home cold, leaving my woolly hat and coat on dad to overcome his HYPOTHERMIA which was caused by a nurse leaving the window open and then refusing to give dad enough blankets to raise his core temperature to stop hypothermia - additional proof of this will be me entering Hospital Ward in woolly hat and coat, and being forced to leave without them on the CCTV tapes) and Easter Sunday 4 April 2021 (when I was blocked by Mark Smith and threatened with assault as tape recorded, resulting in further abuse from a police officer on 999 when I attempted to play the tape and they would not even listen to the complaint), and the following Tuesday when I was blocked physically by Dr Rasool in D'Arcy Ward Corridor after Mark Smith entered the room to interfere with my visit to John at Joanna Seraphin's request (she told me to call her voicemail during the visit to get dad to give evidence of his abuse by Colchester Hospital, Mark Smith had nurses in the room listening who went to fetch him and then he started shouting that he refused to have his abuse documented on tape recordings despite it being evidence of repeated criminal attempted murder of John that was being documented).

We need this evidence before it is deleted, for court proceedings. I have lengthy audio tapes which can easily be time-synced to the CCTV footage showing me entering the hospital and leaving it, to provide complete audio-visual evidence of my abuse and the attempted murder of my father. PC Raynsford is only working nights at present and goes on leave early next week for a rest, so time is running out unless additional help is given him. I have already said I am prepared to pay £10000 towards a proper police investigation that helps save the lives of other patients at Colchester Hospital. I realise CID are busy with a murder in Clacton but if you allow CCTV to be destroyed, that will undermine the investigation in this case.

Cheers,  
Nigel Cook

Sent from Mail for Windows 10



At 10:30 pm, nige said...

Friday 14 May 2021, 22:25hrs update copied from facebook posting, <https://www.facebook.com/photo/?fbid=10222048844383322&set=pcb.10222048849463449>

Anyone with spare prayers tonight, please say one for John. Finally today his key problem of lethally low hypokalemia (i.e. very low potassium, precise amount 2.4 mmol/litre as measured in blood sample yesterday Thursday 13 May 2021) was diagnosed today by a brilliant GP from Mill Road Surgery, Colchester (John's new GP), who immediately prescribed potassium solution, which John drank while I was there this afternoon! GP visited him while I was there. Against John's wishes which I repeatedly tape recorded while he was in Colchester Hospital last month, including in a call to his social worker Joanna Seraphin's phone, John wanted to live (resuscitation) but the GP this afternoon showed me a lying "do not resuscitate" form filled in by Dr Rasool, D'Arcy Ward Consultant, Colchester Hospital, which falsely claims that I and my mum Ann Cook RGN (retired) were consulted and that John wanted to die when in fact he wanted resuscitation and life. He's suicidally depressed in part he says because his heart is continually pounding - due to low potassium (hypokalemia) which causes his blood vessels to contract, increasing needless stress on his heart (like a pump trying to pump fluid through a really narrow tube!). We had repeatedly requested to see blood tests for John but this had been denied by the previous doctors and the hospital! Anyway, he is aware of the problem, he immediately ate a banana and a half (high in potassium) - even though he hates bananas - and was given the prescribed water soluble potassium salt solution to begin to redress the hypokalemia (low potassium). (In the past he has had collapses due to high potassium (hyperkalemia), due to blood vessels expanding too much and causing dangerous LOW blood pressure due to excess potassium enhancing medication! We need a full re-analysis of his medication for blood pressure (which all works via potassium!) urgently. Mum, Registered General Nurse (retired) simply controls her blood pressure using bananas (high in potassium), and a blood pressure meter to determine the correct banana dose by trial-and-error! Far safer than some prescriptions ... John should recover quickly now he is on high potassium medication in a few days, but is still at risk of heart attacks for the weekend until his potassium stabilises, so please pray, if you can, that he pull through into next week. I spoke to his heart surgeon Dr Tang last night (Dr Tang put in dad's single stent in January 2005) who was wonderful and will do his best to make sure dad's heart is OK next week. Dr Tank began work at 8.30 am

yesterday, was in Colchester yesterday morning, went up to London in the afternoon according to Laura his secretary, yet still called us on time at 6.10pm in the afternoon to do his best for John! Wonderful caring surgeon! Photo below taken today of dad, it was taken this afternoon, he is fighting for life due to low potassium, extremely serious. I also filmed dad's heart beat trace using one of his portable defibrillators this afternoon, in ECG mode. We do this regularly at home to see if his atrial fibrillation is stable, i.e. the irregularity in the time spacing between pulses, which is NOT serious at all due to his good diet and cardio exercise regime - normally until march standing up and sitting down in his chair 20 times quickly to make his heart race for exercise (he has never had angina in 5 years and has never needed defibrillation). The standard deviation of the time intervals between heartbeats remains only 7%, just as it was five years ago. Very minor AF! His heart was pounding, however, due to the low potassium contracting his blood vessels! REFERENCE:

<https://doclibrary->

[rcbt.comwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Pharmacy/ManagementOfHypokalaemiaClinicalGuideline.pdf](https://doclibrary-rcbt.comwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Pharmacy/ManagementOfHypokalaemiaClinicalGuideline.pdf)



At 10:30 pm, nige said...

ECG of dad's heart done on dad's ECG/defibrillator by me this afternoon, Friday 14 May 2021 at 2pm before the GP arrived. Dad's atrial fibrillation is NOT a problem: it is virtually insignificant now due to very healthy diet (porridge for breakfast, fish and veg for lunch, skimmed milk, no sweets/sugar) plus regular exercise for past 16 years since his single stent was put in by Dr Tang at the London Independent Hospital in January 2005! His atrial fibrillation, measured by the irregularity in timing of heart contractions, today was only 7% (standard deviation in time intervals between pulses), no different from last year when he had no stairlift was walking up stairs, exercising and driving daily. His heart valve ejection fraction of 45% is unchanged from last year, also. His problem now is (1) severe low potassium i.e. hypokalaemia (2.4 mmol/litre potassium in blood serum measured yesterday 13 May 2021), and (2)

anaemia (108 g/l haemoglobin on 8 April 2021, day before Colchester Hospital discharged him without telling Woodland Nursing home this on his discharge report). If dad can survive the next few days as he is given potassium solution to overcome hypokalaemia (hypokalaemia contracts blood vessels, increasing the strain on the heart and risking a heart attack, like a pump having to pump a large amount of fluid through very thin tubes!), he should make it! REF: <https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Pharmacy/ManagementOfHypokalaemiaClinicalGuideline.pdf>



At 6:46 pm,  nige said...

From: nigel cook

Sent: 15 May 2021 18:28

To: Christopher Raynsford PC 42074890; Joanna Seraphin - ASC Social Worker; Chief Constable; [phillippa.mills@essex.police.uk](mailto:phillippa.mills@essex.police.uk)

Subject: Murder evidence in lying Do not Resuscitate form signed by Dr Rasool of Colchester Hospital to Woodland View Nursing Home on 9 April 2021 which false claims John Cook, Ann and Nigel Cook had agreed/been consulted when in fact we have proof of the opposite

RE: John Bryan Cook, b. 30 June 1933, home address 42 Pampas Close, Colchester, CO4 9ST.

On Friday 14 May 2021 John Cook's new GP (Mill Road Surgery, Colchester) showed me in Room 19 at Woodland View Nursing Home, Turner Road, Colchester, additional murder evidence in lying Do not Resuscitate form signed by Dr Rasool of Colchester Hospital to Woodland View Nursing Home on 9 April 2021 which false claims John, Ann and Nigel Cook had agreed/been consulted when in fact we have proof of the opposite. I was shown the form yesterday which is in John Cook's folder at the nurses' station, Woodland View Nursing Home, Turner Road, Colchester. I repeatedly tape recorded conversations with John Cook last month, including one on his Essex Council social worker Joanna Seraphin's voicemail as she requested, in which he freely stated he wanted to live not to die (ward manager Mark Smith and Dr Rasool then abused me for doing what Joanna asked. He wanted resuscitation. I was never consulted nor was Ann Cook RGN but Dr Rasool signed a form stating the opposite, i.e. deliberately lying and placing John Cook's life in imminent danger to cover-up attempted murder, after refusing to give blood tests or differential diagnosis information. I request that this evidence is photocopied by Essex Police for CID as murder attempt evidence. Thank you for your cooperation.

Nigel Cook

Sent from Mail for Windows 10



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**Credible nuclear deterrence of invasions and conventional wars reduce the risk of large conventional and nuclear wars occurring through escalation of invasions such as the invasion of Belgium in 1914 and the invasion of Poland in 1939, of surprise attacks like those against France in 1940 and of Russia and Pearl Harbor in 1941, Afghanistan in 1979, Kuwait in 1990, or Crimea in 2014. Contrary to irrational, pseudo-scientific propaganda, the number of nuclear weapons is smaller than the millions of conventional weapons used in large wars and the correct scaling shows that the overall effects are similar, not massively different as often claimed for political propaganda by enemies of peace. Furthermore, the greater time delay of effects from nuclear weapons over the damaged area increases the efficiency of cheap civil defence countermeasures, as compared to conventional weapons. We need credible effects of nuclear weapons for real world peace: peace through tested, proved and practical declassified deterrence and countermeasures against collateral damage. Credible deterrence through simple, effective protection against concentrated and**

dispersed invasions and aerial attacks. Discussions of the facts as opposed to inaccurate, misleading lies of the "disarm or be annihilated" political dogma variety. Hiroshima and Nagasaki anti-nuclear propaganda debunked by the hard facts. Walls not wars. Walls bring people together by stopping divisive terrorists. In conclusion, credible nuclear deterrence of conventional war offers a beautiful opportunity to create a peaceful world, free from fear peddling, ranting dictators. The only oppositions you will meet will come from authoritarian obsessed fear peddling myth makers. If they can't tell the truth and face the facts, why listen to them? Please see our post on the need to *deter not only direct threats from nuclear attacks but also conventional wars and invasions* that can *escalate* into nuclear wars (as proved by the use of nuclear weapons in WWII, for example, after they were developed during the war itself and did not trigger or provoke the war), linked [here](#), [here](#), [here](#), and [here](#), [here](#), [here](#), and the true scaling law equivalence between a few thousand nuclear weapons and the several million tons of small conventional weapons in a non-nuclear world war as proved by our post [summarising key points in Herman Kahn's much-abused call for credible deterrence, \*On Thernuclear War\*](#), linked [here](#). Peace comes through tested, proved and practical declassified countermeasures against the effects of nuclear weapons, chemical weapons and conventional weapons. Credible deterrence to end invasions and wars comes through simple, effective protection against invasions like low yield tactical weapons and walls, and civil defence against collateral damage. Peace comes through discussions of the facts as opposed to inaccurate, misleading lies of the "disarm or be annihilated" political dogma variety, which are designed to exploit fear to close down criticisms of errors in mainstream orthodoxy. In particular, please see the post linked [here](#) on EMP results from an actual Russian 300 kt test at 290 km altitude over unwarned civilian infrastructure in Kazakhstan on 22 October 1962, which caused no injuries or deaths whatsoever (contrary to all of Jeremy Corbyn and CND style lying propaganda that any use of nuclear weapons on civilians would automatically kill millions), but shut down the communications and power supply lines! This is not secret, but does not make newspaper headlines to debunk CND style dogmas on the alleged incredibility of nuclear deterrence.

- 

Hiroshima's air raid shelters were unoccupied because Japanese Army officers were having breakfast when B29s were detected far away, says Yoshie Oka, the operator of the Hiroshima air raid sirens on 6 August 1945...

- 

In a sample of 1,881 burns cases in Hiroshima, only 17 (or 0.9 percent) were due to ignited clothing and 15 (or 0.7%) were due to the firestorm flames...

- 

Dr Harold L. Brode's new book, Nuclear Weapons in ...

- 

800 war migrants drowned on 22 April by EU policy:...

- 

Photographed fireball shielding by cloud cover in ...

- 

Nuclear weapons effects "firestorm" and "nuclear w...

- 

Proved 97.5% survival in completely demolished houses ...

**How to achieve peace through tested, proved and practical declassified countermeasures against the effects of nuclear weapons, chemical weapons and conventional weapons. Credible deterrence through simple, effective protection against invasions and collateral damage. Discussions of the facts as opposed to inaccurate, misleading lies of the "disarm or be annihilated" political dogma variety. Hiroshima and Nagasaki anti-nuclear propaganda debunked by the hard facts. Walls not wars. Walls bring people together by stopping attacks by "divide and rule" style divisive terrorists, contrary to simplistic Vatican propaganda.**

**"There has never been a war yet which, if the facts had been put calmly before the ordinary folk, could not have been prevented." - British Foreign Secretary Ernest Bevin, House of Commons Debate on Foreign Affairs, Hansard, 23 November 1945, column 786 (unfortunately secret Cabinet committees called "democracy" for propaganda purposes have not been quite so successful in preventing war). Protection is needed against collateral civilian damage and contamination in conventional, chemical and nuclear attack, with credible low yield clean nuclear deterrence against conventional warfare which, in reality (not science fiction) costs far more lives. Anti scientific media, who promulgate and exploit terrorism for profit, censor (1) vital, effective civil defense knowledge and (2) effective, safe, low yield air burst clean weapons like the Mk54 and W79 which deter conventional warfare and escalation, allowing arms negotiations from a position of strength. This helped end the Cold War in the 1980s. Opposing civil defense and nuclear weapons that really deter conventional war, is complacent and dangerous.**

**War and coercion dangers have not stemmed from those who openly attack mainstream mistakes, but from those who camouflage themselves as freedom fighters to ban such free criticism itself, by making the key facts seem taboo, without even a proper debate, let alone financing research into unfashionable alternatives. Research and education in non-mainstream alternatives is needed before an unprejudiced debate, to establish all the basic facts for a real debate. "Wisdom itself cannot flourish, nor even truth be determined, without the give and take of debate and criticism." – Robert Oppenheimer (quotation from the H-bomb TV debate hosted by Eleanor Roosevelt, 12 February 1950).**

**"Apologies for freedom? I can't handle this! ... Deal from strength or get crushed every time ... Freedom demands liberty everywhere. I'm thinking, you see, it's not so easy. But we have to stand up tall and answer freedom's call!" – Freedom Kids**

**CONVENTIONAL WARS HAVE KILLED TENS OF MILLIONS OF PEOPLE, NUCLEAR WEAPONS CAN RAPIDLY DETER THIS REAL THREAT TO PEACE WITH MINIMAL CASUALTIES. 'During the critical period 8-15 February [1968], the U.S. command realized [that conventional] bombing was not sufficiently effective. ... The air campaign dropped over 110,000 tons of bombs and napalm on the area around Khe Sanh during the 77-day siege ... the most heavily bombed target in the history of conventional warfare.' – W. C. Yengst, S. J. Lukasik, and M. A. Jensen, *Nuclear Weapons that went to War*, SAID report DSWA-TR-97-25, September 1998 (quoted in the 2015 book by the secret *Capabilities of Nuclear Weapons* editor, Dr Harold L. Brode, *Nuclear Weapons in the Cold War*, page 287). [British Nuclear Test Civil Defence Research](#)**



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SECRET

DR. PENNEY'S DRAFT BROADCAST

Recorded: 30 October 1952 13

When the planning began, a lot of thought was given to deciding which type of explosion would provide information and experience of the greatest value. Purely scientific measurements are most easily made when the weapon is placed at the top of a high tower, but there were other weighty considerations. The Civil Defence authorities in this country badly needed more data about atomic explosions and, accordingly, the test was planned to get as much novel information as possible for Civil Defence. The decision was made to explode the weapon in a ship moored near land, thus simulating an explosion in a

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CHANGE 1

Field Manual No 101-31-1

## NUCLEAR WEAPONS EMPLOYMENT DOCTRINE AND PROCEDURES

**Radius of vulnerability (emergency risk criterion: 5% combat ineffectiveness)**

**Figure 54. Radii of Vulnerability.**

| Yield (KT)                                                                                                     | PERSONNEL (LL) IN—<br>(Based on Governing Effect) |               |      |       |               |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------|------|-------|---------------|
|                                                                                                                | Open                                              | Open Foxholes | APCs | Tanks | Earth Shelter |
| Radii listed are distances at which a 5 percent incidence of effect occurs.<br>HOB used is $60W^{1/3}$ meters. |                                                   |               |      |       |               |
| (Distances are in meters)                                                                                      |                                                   |               |      |       |               |
| 0.1                                                                                                            | 700                                               | 600           | 600  | 500   | 300           |
| 1                                                                                                              | 1200                                              | 900           | 900  | 800   | 500           |
| 10                                                                                                             | 2200                                              | 1200          | 1200 | 1250  | 900           |

**Protective factor = ratio of  
area of effect in the open, to  
area of effect for shelter**

**Example: for 300 kt, the protective  
factor of open foxholes is equal to  
 $(14,000)^2 / (2,100)^2 = 44$ .**

| Yield (KT) | Open | Open Foxholes | APCs | Tanks | Earth Shelter | Yield (KT) |
|------------|------|---------------|------|-------|---------------|------------|
| 0.1        | 1    | 1.36          | 1.36 | 1.96  | 5.44          | 0.1        |
| 1          | 1    | 1.78          | 1.78 | 2.25  | 5.76          | 1          |
| 10         | 1    | 4.04          | 4.04 | 4.55  | 12.4          | 10         |

|     |       |      |      |      |      |   |      |      |      |      |     |
|-----|-------|------|------|------|------|---|------|------|------|------|-----|
| 10  | 3200  | 1300 | 1300 | 1200 | 300  | 1 | 0.00 | 0.00 | 0.00 | 12.0 | 10  |
| 20  | 4000  | 1500 | 1450 | 1400 | 1000 | 1 | 7.11 | 7.61 | 8.16 | 16.0 | 20  |
| 100 | 8000  | 1900 | 1800 | 1800 | 1400 | 1 | 17.7 | 19.8 | 19.8 | 32.7 | 100 |
| 200 | 12000 | 2000 | 1900 | 1900 | 1500 | 1 | 36.0 | 39.9 | 39.9 | 64.0 | 200 |
| 300 | 14000 | 2100 | 1950 | 1950 | 1600 | 1 | 44.4 | 51.5 | 51.5 | 76.6 | 300 |

**Calculation of the injury-averting protective factors by simple open foxholes and earth shelters, as a function of weapon yield. Most countermeasures are relatively ineffective against tactical nuclear weapons (due to the predominating neutron radiation effect at 0.1 kt yield), but are extremely effective against strategic nuclear weapons with yields of 100, 200 and 300 kt (protective factors of 44 to 77).**

**The definition of protective factor used here is the factor by which casualties numbers are reduced.**

Richard P. Feynman, 'This Unscientific Age', in *The Meaning of It All*, Penguin Books, London, 1998, pages 106-9:

'Now, I say if a man is absolutely honest and wants to protect the populace from the effects of radioactivity, which is what our scientific friends often say they are trying to do, then he should work on the biggest number, not on the smallest number, and he should try to point out that the [natural cosmic] radioactivity which is absorbed by living in the city of Denver is so much more serious [than the smaller doses from nuclear explosions] ... that all the people of Denver ought to move to lower altitudes.'

*"If a man reads or hears a criticism of anything in which he has an interest, watch ... if he shows concern with any question except 'is it true?' he thereby reveals that his own attitude is unscientific. Likewise if ... he judges an idea not on its merits but with reference to the author of it; if he criticizes it as 'heresy'; if he argues that authority must be right because it is authority ... The path of truth is paved with critical doubt, and lighted by the spirit of objective enquiry... the majority of people have resented what seems in retrospect to have been purely matter of fact ... nothing has aided the persistence of falsehood, and the evils resulting from it, more than the unwillingness of good people to admit the truth ... the tendency continues to be shocked by natural comment, and to hold certain things too 'sacred' to think about. ... How rarely does one meet anyone whose first reaction to anything is to ask: 'is it true?' Yet, unless that is a man's natural reaction, it shows that truth is not uppermost in his mind, and unless it is, true progress is unlikely."*

- Sir Basil Henry Liddell Hart, *Why Don't We Learn from History?*, PEN Books, 1944; revised edition, Allen and Unwin, 1972.

*Civil defense countermeasures, to be taken seriously by the population, require the publication of solid facts with the scientific evidence to support those facts against political propaganda to the contrary. Secrecy over the effects of nuclear weapons tests does not hinder plutonium and missile production by rogue states, but it does hinder civil defense countermeasures, by permitting lying political propaganda to go unopposed (see linked post, here).*

Terrorists successfully prey on the vulnerable. The political spreading of lies concerning threats and the alleged 'impossibility' of all countermeasures, terrorizing the population in order to 'justify' supposedly pro-peace disarmament policies in the 1920s-1930s, resulted in the secret rearmament of fascist states which were terrorizing the Jews and others, eventually leading to World War II.

Political exaggerations about nuclear weapons effects today:

- (1) encourage terrorist states and other groups to secretly invest in such weapons to use either for political intimidation or for future use against countries which have no countermeasures, and
- (2) falsely dismiss, in the eyes of the media and the public, cheap relatively effective countermeasures like civil defense and ABM.

Therefore, doom-mongering media lies *make us vulnerable to the proliferation threat* today in two ways, just as they led to both world wars:

(1) Exaggerations of offensive technology and a down-playing of simple countermeasures such as trenches, encouraged belligerent states to start World War I in the false belief that modern technology implied overwhelming firepower which would terminate the war quickly on the basis of offensive preparedness: if the facts about simple trench countermeasures against shelling and machine guns during the American Civil War had been properly understood, it would have been recognised by Germany that a long war based on munitions production and logistics would be necessary, and war would have been seen to be likely to lead to German defeat against countries with larger overseas allies and colonies that could supply munitions and the other resources required to win a long war.

(2) Exaggerations of aerial bombardment technology after World War I led to disarmament 'supported by' false claims that it was impossible to have any defense against a perceived threat of instant annihilation from thousands of aircraft carrying gas and incendiary bombs, encouraging fascists to secretly rearm in order to successfully take advantage of the fear and vulnerability caused by this lying political disarmament propaganda.

Contrived dismissal of civil defense by Marxist "Cambridge Scientists Anti-War Group" bigots: (a) appeased war-mongering enemies, and (b) maximised war mortality rates. Idealism kills. Super effective, fully proof-tested, cheap civil defense makes nuclear deterrence credible to stop conventional war devastation by avoiding collateral damage, tit-for-tat retaliation and escalation.

Historically, it has been proved that having weapons is not enough to guarantee a reasonable measure of safety from terrorism and rogue states; countermeasures are also needed, both to make any deterrent credible and to negate or at least mitigate the effects of a terrorist attack. Some people who wear seatbelts die in car crashes; some people who are taken to hospital in ambulances, even in peace-time, die. Sometimes, lifebelts and lifeboats cannot save lives at sea. This lack of a 100% success rate in saving lives doesn't disprove the value of everyday precautions or of hospitals and medicine. Hospitals don't lull motorists into a false sense of security, causing them to drive faster and cause more accidents. Like-minded 'arguments' against ABM and civil defense are similarly vacuous.

'As long as the threat from Iran persists, we will go forward with a missile system that is cost-effective and proven. If the Iranian threat is eliminated, we will have a stronger basis for security, and the driving force for missile-defense construction in Europe will be removed.'

- President Obama, Prague Castle, Czech Republic, 4 April 2009.

Before 9/11, Caspar Weinberger was quizzed by skeptical critics on the BBC News program *Talking Point, Friday, May 4, 2001: Caspar Weinberger quizzed on new US Star Wars ABM plans:*

'The [ABM] treaty was in 1972 ... The theory ... supporting the ABM treaty [which prohibits ABM, thus making nations vulnerable to terrorism] ... that it will prevent an arms race ... is perfect nonsense because we have had an arms race all the time we have had the ABM treaty, and we have seen the greatest increase in proliferation of nuclear weapons that we have ever had. ... So the ABM treaty preventing an arms race is total nonsense. ...

'You have to understand that without any defences whatever you are very vulnerable. It is like saying we don't like chemical warfare - we don't like gas attacks - so we are going to give up and promise not to have any defences ever against them and that of course would mean then we are perfectly safe. ...

'The Patriot was not a failure in the Gulf War - the Patriot was one of the things which defeated the Scud and in effect helped us win the Gulf War. One or two of the shots went astray but that is true of every weapon system that has ever been invented. ...

'The fact that a missile defence system wouldn't necessarily block a suitcase bomb is certainly not an argument for not proceeding with a missile defence when a missile that hits can wipe out hundreds of thousands of lives in a second. ...

'The curious thing about it is that missile defence is not an offensive weapon system - missile defence cannot kill anybody. Missile defence can help preserve and protect your people and our allies, and the idea that you are somehow endangering people by having



a defence strikes me almost as absurd as saying you endanger people by having a gas mask in a gas attack. ...

‘President Bush said that we were going ahead with the defensive system but we would make sure that nobody felt we had offensive intentions because we would accompany it by a unilateral reduction of our nuclear arsenal. It seems to me to be a rather clear statement that proceeding with the missile defence system would mean fewer arms of this kind.

‘You have had your arms race all the time that the ABM treaty was in effect and now you have an enormous accumulation and increase of nuclear weapons and that was your arms race promoted by the ABM treaty. Now if you abolish the ABM treaty you are not going to get another arms race – *you have got the arms already there* – and if you accompany the missile defence construction with the unilateral reduction of our own nuclear arsenal then it seems to me you are finally getting some kind of inducement to reduce these weapons.’

*Before the ABM system is in place, and afterwards if ABM fails to be 100% effective in an attack, or is bypassed by terrorists using a bomb in a suitcase or in a ship, civil defense is required and can be effective at saving lives:*

‘Paradoxically, the more damaging the effect, that is the farther out its lethality stretches, the more can be done about it, because in the last fall of its power it covers vast areas, where small mitigations will save very large numbers of people.’

- Peter Laurie, *Beneath the City Streets: A Private Inquiry into the Nuclear Preoccupations of Government*, Penguin, 1974.

‘The purpose of a book is to save people [the] time and effort of digging things out for themselves. ... we have tried to leave the reader with something tangible – what a certain number of calories, roentgens, etc., means in terms of an effect on the human being. ... we must think of the people we are writing for.’

– Dr Samuel Glasstone, DSc, letter dated 1 February 1957 to Colonel Dent L. Lay, Chief, Weapons Effects Division, U.S. Armed Forces Special Weapons Project, Washington, D.C., pages 2 and 4, concerning the preparation of *The Effects of Nuclear Weapons*.



Glasstone and Dolan stated in *The Effects of Nuclear Weapons* (1977), Table 12.17 on page 546, that the median distance in Hiroshima for survival after 20 days was 0.12 miles for people in concrete buildings and 1.3 miles for people standing outdoors. Therefore the median distances for survival in modern city buildings and in the open differed by a factor of 11 for Hiroshima; the difference in areas was thus a factor of  $11^2$  or about 120. Hence, taking cover in modern city buildings reduces the casualty rates and the risks of being killed by a factor of 120 for Hiroshima conditions, contrary to popular media presented political propaganda that civil defence is hopeless. This would reduce 120,000 casualties to 1,000 casualties.

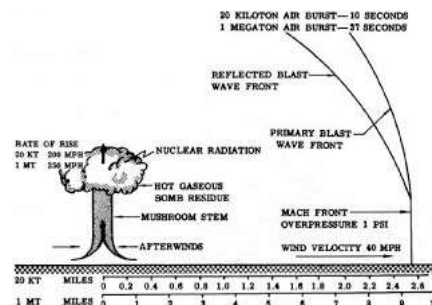
From Dr Glasstone's *Effects of Nuclear Weapons* (1962/64 ed., page 631): ‘At distances between 0.3 and 0.4 mile from ground zero in Hiroshima the average survival rate, for at least 20 days after the nuclear explosion, was less than 20 percent. Yet in two reinforced concrete office buildings, at these distances, almost 90 percent of the nearly 800 occupants survived more than 20 days, although some died later of radiation injury. Furthermore, of approximately 3,000 school students who were in the open and unshielded within a mile of ground zero at Hiroshima, about 90 percent were dead or missing after the explosion. But of nearly 5,000 students in the same zone who were shielded in one way or another, only 26 percent were fatalities. ... survival in Hiroshima was possible in buildings at such distances that the overpressure in the open was 15 to 20 pounds per square inch. ... it is evident ... that the area over which protection could be effective in saving lives is roughly eight to ten times as great as that in which the chances of survival are small.’

Lord Mayhew, House of Lords debate on Civil Defence (General Local Authority Functions) Regulations, Hansard, vol. 444, cc. 523-49, 1 November 1983: '... if there had been effective civil defence at Hiroshima probably thousands of lives would have been saved and much human suffering would have been avoided. There is no question about it. ...'

Since the 1977 update by Glasstone and Dolan, extensive new updates to EM-1 for a further revised edition of *The Effects of Nuclear Weapons* have not actually been published with unlimited public distribution, due to President Carter's 1979 executive order which transferred responsibility for civil defense from the jurisdiction of the U.S. Department of Defense's Defense Civil Preparedness Agency to the new agency (which is not an Agency of the U.S. Department of Defense, and is not concerned with the analysis of nuclear weapons test effects data), the Federal Emergency Management Agency. However, the February 1997 U.S. Department of Defense's Defense Special Weapons Agency 0602715H RDT&E Budget Item Justification Sheet (R-2 Exhibit) states that a revision of Glasstone and Dolan's unclassified *Effects of Nuclear Weapons* was budgeted for 1997-9:

"FY 1997 Plans: ... Provide text to update Glasstone's book, *The Effects of Nuclear Weapons*, the standard reference for nuclear weapons effects. ... Update the unclassified textbook entitled, *The Effects of Nuclear Weapons*. ... Continue revision of Glasstone's book, *The Effects of Nuclear Weapons*, the standard reference for nuclear weapons effects. ... FY1999 Plans ... Disseminate updated *The Effects of Nuclear Weapons*."

The new publications are either classified or unclassified with limited distribution restrictions (e.g., Bridgman's *Introduction to the Physics of Nuclear Weapons Effects*, which includes several chapters on nuclear weapons design to enable initial radiation outputs to be calculated precisely) which prevents up-to-date basic nuclear effects information to justify civil defense against the latest nuclear threats from being widely disseminated; the books are printed for use only by government agencies. The problem with this approach is that widespread public understanding of the best information for civil defense countermeasures is prevented.



'The evidence from Hiroshima indicates that blast survivors, both injured and uninjured, in buildings later consumed by fire [caused by the blast overturning charcoal braziers used for breakfast in inflammable wooden houses filled with easily ignitable bamboo furnishings and paper screens] were generally able to move to safe areas following the explosion. Of 130 major buildings studied by the U.S. Strategic Bombing Survey ... 107 were ultimately burned out ... Of those suffering fire, about 20 percent were burning after the first half hour. The remainder were consumed by fire spread, some as late as 15 hours after the blast. This situation is not unlike the one our computer-based fire spread model described for Detroit.'

- Defense Civil Preparedness Agency, U.S. Department of Defense, *DCPA Attack Environment Manual, Chapter 3: What the Planner Needs to Know About Fire Ignition and Spread*, report CPG 2-1A3, June 1973, Panel 27.

*The Effects of the Atomic Bomb on Hiroshima, Japan*, US Strategic Bombing Survey, Pacific Theatre, report 92, volume 2 (May 1947, secret):

Volume one, page 14:

"... the city lacked buildings with fire-protective features such as automatic fire doors and automatic sprinkler systems", and pages 26-28 state the heat flash in Hiroshima was only:



“... capable of starting primary fires in exposed, easily combustible materials such as dark cloth, thin paper, or dry rotted wood exposed to direct radiation at distances usually within 4,000 feet of the point of detonation (AZ).”

Volume two examines the firestorm and the ignition of clothing by the thermal radiation flash in Hiroshima:

Page 24:

“Scores of persons throughout all sections of the city were questioned concerning the ignition of clothing by the flash from the bomb. ... Ten school boys were located during the study who had been in school yards about 6,200 feet east and 7,000 feet west, respectively, from AZ [air zero]. These boys had flash burns on the portions of their faces which had been directly exposed to rays of the bomb. The boys’ stories were consistent to the effect that their clothing, apparently of cotton materials, ‘smoked,’ but did not burst into flame. ... a boy’s coat ... started to smoulder from heat rays at 3,800 feet from AZ.” [Contrast this to the obfuscation and vagueness in Glasstone, *The Effects of Nuclear Weapons*!]

Page 88:

“Ignition of the City. ... Only directly exposed surfaces were flash burned. Measured from GZ, flash burns on wood poles were observed at 13,000 feet, granite was roughened or spalled by heat at 1,300 feet, and vitreous tiles on roofs were blistered at 4,000 feet. ... six persons who had been in reinforced-concrete buildings within 3,200 feet of air zero stated that black cotton blackout curtains were ignited by radiant heat ... dark clothing was scorched and, in some cases, reported to have burst into flame from flash heat [although as the 1946 unclassified USSBS report admits, most immediately beat the flames out with their hands without sustaining injury, because the clothing was not drenched in gasoline, unlike peacetime gasoline tanker road accident victims]

“... but a large proportion of over 1,000 persons questioned was in agreement that a great majority of the original fires was started by debris falling on kitchen charcoal fires, by industrial process fires, or by electric short circuits. Hundreds of fires were reported to have started in the centre of the city within 10 minutes after the explosion. Of the total number of buildings investigated [135 buildings are listed] 107 caught fire, and in 69 instances, the probable cause of initial ignition of the buildings or their contents was as follows: (1) 8 by direct radiated heat from the bomb (primary fire), (2) 8 by secondary sources, and (3) 53 by fire spread from exposed [wooden] buildings.”

‘It is true that the Soviets have tested nuclear weapons of a yield higher than that which we thought necessary, but the 100-megaton bomb of which they spoke two years ago does not and will not change the balance of strategic power. The United States has chosen, deliberately, to concentrate on more mobile and more efficient weapons, with lower but entirely sufficient yield ...’ - President John F. Kennedy in his television broadcast to the American public, 26 July 1963.

‘During World War II many large cities in England, Germany, and Japan were subjected to terrific attacks by high-explosive and incendiary bombs. Yet, when proper steps had been taken for the protection of the civilian population and for the restoration of services after the bombing, there was little, if any, evidence of panic. It is the purpose of this book to state the facts concerning the atomic bomb, and to make an objective, scientific analysis of these facts. It is hoped that as a result, although it may not be feasible completely to allay fear, it will at least be possible to avoid panic.’

– Dr George Gamow (the big bang cosmologist), Dr Samuel Glasstone, DSc (Executive Editor of the book), and Professor Joseph O. Hirschfelder, *The Effects of Atomic Weapons*, Chapter 1, p. 1, Paragraph 1.3, U.S. Department of Defense, September 1950.

‘The consequences of a multiweapon nuclear attack would certainly be grave ... Nevertheless, recovery should be possible if plans exist and are carried out to restore social order and to mitigate the economic disruption.’

- Philip J. Dolan, editor of *Nuclear Weapons Employment* FM 101-31 (1963), *Capabilities of Nuclear Weapons* DNA-EM-1 (1972), and *The Effects of Nuclear Weapons* (1977), Stanford Research Institute, Appendix A of the U.S. National Council on Radiological protection (NCRP) symposium *The Control of Exposure to the Public of Ionising Radiation in the Event of Accident or Attack*, 1981.

‘Suppose the bomb dropped on Hiroshima had been 1,000 times as powerful ... It could not have killed 1,000 times as many people, but at most the entire population of Hiroshima ... [regarding the hype about various nuclear "overkill" exaggerations] there is enough water in the oceans to drown everyone ten times.’

- Professor Brian Martin, PhD (physics), 'The global health effects of nuclear war', *Current Affairs Bulletin*, Vol. 59, No. 7, December 1982, pp. 14-26.

In 1996, half a century after the nuclear detonations, data on cancers from the Hiroshima and Nagasaki survivors was published by D. A. Pierce et al. of the Radiation Effects Research Foundation, RERF (*Radiation Research* vol. 146 pp. 1-27; *Science* vol. 272, pp. 632-3) for 86,572 survivors, of whom 60% had received bomb doses of over 5 mSv (or 500 millirem in old units) suffering 4,741 cancers of which only 420 were due to radiation, consisting of 85 leukemias and 335 solid cancers.

‘Today we have a population of 2,383 [radium dial painter] cases for whom we have reliable body content measurements. . . . All 64 bone sarcoma [cancer] cases occurred in the 264 cases with more than 10 Gy [1,000 rads], while no sarcomas appeared in the 2,119 radium cases with less than 10 Gy.’

- Dr Robert Rowland, Director of the Center for Human Radiobiology, *Bone Sarcoma in Humans Induced by Radium: A Threshold Response?*, Proceedings of the 27th Annual Meeting, European Society for Radiation Biology, Radioprotection colloquies, Vol. 32CI (1997), pp. 331-8.

Zbigniew Jaworowski, 'Radiation Risk and Ethics: Health Hazards, Prevention Costs, and Radiophobia', *Physics Today*, April 2000, pp. 89-90:

‘... it is important to note that, given the effects of a few seconds of irradiation at Hiroshima and Nagasaki in 1945, a threshold near 200 mSv may be expected for leukemia and some solid tumors. [Sources: UNSCEAR, *Sources and Effects of Ionizing Radiation*, New York, 1994; W. F. Heidenreich, et al., *Radiat. Environ. Biophys.*, vol. 36 (1999), p. 205; and B. L. Cohen, *Radiat. Res.*, vol. 149 (1998), p. 525.] For a protracted lifetime natural exposure, a threshold may be set at a level of several thousand millisieverts for malignancies, of 10 grays for radium-226 in bones, and probably about 1.5-2.0 Gy for lung cancer after x-ray and gamma irradiation. [Sources: G. Jaikrishan, et al., *Radiation Research*, vol. 152 (1999), p. S149 (for natural exposure); R. D. Evans, *Health Physics*, vol. 27 (1974), p. 497 (for radium-226); H. H. Rossi and M. Zaider, *Radiat. Environ. Biophys.*, vol. 36 (1997), p. 85 (for radiogenic lung cancer).] The hormetic effects, such as a decreased cancer incidence at low doses and increased longevity, may be used as a guide for estimating practical thresholds and for setting standards. ...

‘Though about a hundred of the million daily spontaneous DNA damages per cell remain unrepaired or misrepaired, apoptosis, differentiation, necrosis, cell cycle regulation, intercellular interactions, and the immune system remove about 99% of the altered cells. [Source: R. D. Stewart, *Radiation Research*, vol. 152 (1999), p. 101.] ...

‘[Due to the Chernobyl nuclear accident in 1986] as of 1998 (according to UNSCEAR), a total of 1,791 thyroid cancers in children had been registered. About 93% of the youngsters have a prospect of full recovery. [Source: C. R. Moir and R. L. Telander, *Seminars in Pediatric Surgery*, vol. 3 (1994), p. 182.] ... The highest average thyroid doses in children (177 mGy) were accumulated in the Gomel region of Belarus. The highest incidence of thyroid cancer (17.9 cases per 100,000 children) occurred there in 1995, which means that the rate had increased by a factor of about 25 since 1987.

‘This rate increase was probably a result of improved screening [not radiation!]. Even then, the incidence rate for occult thyroid cancers was still a thousand times lower than it was for occult thyroid cancers in nonexposed populations (in the US, for example, the rate is 13,000 per 100,000 persons, and in Finland it is 35,600 per 100,000 persons). Thus, given the prospect of improved diagnostics, there is an enormous potential for detecting yet more [fictitious] "excess" thyroid cancers. In a study in the US that was performed during the period of active screening in 1974-79, it was determined that the incidence rate of malignant and other thyroid nodules was greater by 21-fold than it had been in the pre-1974 period. [Source: Z. Jaworowski, *21st Century Science and Technology*, vol. 11 (1998), issue 1, p. 14.]’

‘Professor **Edward Lewis** used data from four independent populations exposed to radiation to demonstrate that the incidence of leukemia was linearly related to the accumulated dose of radiation. ... Outspoken scientists, including Linus Pauling, used **Lewis**’s risk estimate to inform the public about the danger of nuclear fallout by estimating the number of leukemia deaths that would be caused by the test detonations. In May of 1957 **Lewis**’s analysis of the radiation-induced human leukemia data was published as a lead article in Science magazine. In June he presented it before the Joint Committee on Atomic Energy of the US Congress.’ – Abstract of thesis by Jennifer Caron, *Edward Lewis and Radioactive Fallout: the Impact of Caltech Biologists Over Nuclear Weapons Testing in the 1950s and 60s*, Caltech, January 2003.

Dr John F. Loutit of the Medical Research Council, Harwell, England, in 1962 wrote a book called Irradiation of Mice and Men (University of Chicago Press, Chicago and London), discrediting the pseudo-science from geneticist **Edward Lewis** on pages 61, and 78-79:

‘... Mole [R. H. Mole, *Brit. J. Radiol.*, v32, p497, 1959] gave different groups of mice an integrated total of 1,000 r of X-rays over a period of 4 weeks. But the dose-rate - and therefore the radiation-free time between fractions - was varied from 81 r/hour intermittently to 1.3 r/hour continuously. The incidence of leukemia varied from 40 per cent (within 15 months of the start of irradiation) in the first group to 5 per cent in the last compared with 2 per cent incidence in irradiated controls. ...

‘What **Lewis** did, and which I have not copied, was to include in his table another group - spontaneous incidence of leukemia (Brooklyn, N.Y.) - who are taken to have received only natural background radiation throughout life at the very low dose-rate of 0.1-0.2 rad per year: the best estimate is listed as  $2 \times 10^{-6}$  like the others in the table. But the value of  $2 \times 10^{-6}$  was not calculated from the data as for the other groups; it was merely adopted. By its adoption and multiplication with the average age in years of Brooklyners - 33.7 years and radiation dose per year of 0.1-0.2 rad - a mortality rate of 7 to 13 cases per million per year due to background radiation was deduced, or some 10-20 per cent of the observed rate of 65 cases per million per year. ...

‘All these points are very much against the basic hypothesis of **Lewis** of a linear relation of dose to leukemic effect irrespective of time. Unhappily it is not possible to claim for **Lewis**’s work as others have done, “It is now possible to calculate - within narrow limits - how many deaths from leukemia will result in any population from an increase in fall-out or other source of radiation” [Leading article in *Science*, vol. 125, p. 963, 1957]. This is just wishful journalese.

‘The burning questions to me are not what are the numbers of leukemia to be expected from atom bombs or radiotherapy, but what is to be expected from natural background .... Furthermore, to obtain estimates of these, I believe it is wrong to go to [1950s inaccurate, dose rate effect ignoring, data from] atom bombs, where the radiations are qualitatively different [i.e., including effects from neutrons] and, more important, the dose-rate outstandingly different.’

**Samuel Glasstone and Philip J. Dolan, *The Effects of Nuclear Weapons*, 3rd ed., 1977, pp. 611-3:**

‘From the earlier studies of radiation-induced mutations, made with fruitflies [by Nobel Laureate Hermann J. Muller and other geneticists who worked on plants, who falsely hyped their insect and plant data as valid for mammals like humans during the June 1957 U.S. Congressional Hearings on fallout effects], it appeared that the number (or frequency) of mutations in a given population ... is proportional to the total dose ... More recent experiments with mice, however, have shown that these conclusions need to be revised, at least for mammals. [*Mammals are biologically closer to humans, in respect to DNA repair mechanisms, than short-lived insects whose life cycles are too small to have forced the evolutionary development of advanced DNA repair mechanisms, unlike mammals that need to survive for decades before reproducing.*] When exposed to X-rays or gamma rays, the mutation frequency in these animals has been found to be dependent on the exposure (or dose) rate ...

‘At an exposure rate of 0.009 roentgen per minute [0.54 R/hour], the total mutation frequency in female mice is indistinguishable from the spontaneous frequency. [Emphasis added.] **There thus seems to be an exposure-rate threshold below which radiation-induced mutations are absent** ... with adult female mice ... a delay of at least seven weeks between exposure to a substantial dose of radiation, either neutrons or gamma rays, and conception causes the mutation frequency in the offspring to drop almost to zero. ...

recovery in the female members of the population would bring about a substantial reduction in the 'load' of mutations in subsequent generations.'

George Bernard Shaw cynically explains groupthink brainwashing bias:

'We cannot help it because we are so constituted that we always believe finally what we wish to believe. The moment we want to believe something, we suddenly see all the arguments for it and become blind to the arguments against it. The moment we want to disbelieve anything we have previously believed, we suddenly discover not only that there is a mass of evidence against, but that this evidence was staring us in the face all the time.'

From the essay titled 'What is Science?' by Professor Richard P. Feynman, presented at the fifteenth annual meeting of the National Science Teachers Association, 1966 in New York City, and published in *The Physics Teacher*, vol. 7, issue 6, 1968, pp. 313-20:

'... great religions are dissipated by following form without remembering the direct content of the teaching of the great leaders. In the same way, it is possible to follow form and call it science, but that is pseudo-science. In this way, we all suffer from the kind of tyranny we have today in the many institutions that have come under the influence of pseudoscientific advisers.

'We have many studies in teaching, for example, in which people make observations, make lists, do statistics, and so on, but these do not thereby become established science, established knowledge. They are merely an imitative form of science analogous to the South Sea Islanders' airfields - radio towers, etc., made out of wood. The islanders expect a great airplane to arrive. They even build wooden airplanes of the same shape as they see in the foreigners' airfields around them, but strangely enough, their wood planes do not fly. The result of this pseudoscientific imitation is to produce experts, which many of you are. ... you teachers, who are really teaching children at the bottom of the heap, can maybe doubt the experts. As a matter of fact, I can also define science another way: Science is the belief in the ignorance of experts.'

Richard P. Feynman, 'This Unscientific Age', in *The Meaning of It All*, Penguin Books, London, 1998, pages 106-9:

'Now, I say if a man is absolutely honest and wants to protect the populace from the effects of radioactivity, which is what our scientific friends often say they are trying to do, then he should work on the biggest number, not on the smallest number, and he should try to point out that the [natural cosmic] radioactivity which is absorbed by living in the city of Denver is so much more serious [than the smaller doses from nuclear explosions] ... that all the people of Denver ought to move to lower altitudes.'

Feynman is *not* making a point about low level radiation effects, but about the politics of ignoring the massive natural background radiation dose, while provoking hysteria over much smaller measured fallout pollution radiation doses. Why is the anti-nuclear lobby so concerned about banning nuclear energy - which is not possible even in principle since most of our nuclear radiation is from the sun and from supernova debris contaminating the Earth from the explosion that created the solar system circa 4,540 million years ago - when they could cause much bigger radiation dose reductions to the population by concentrating on the bigger radiation source, natural background radiation. It is possible to shield natural background radiation by the air, e.g. by moving the population of high altitude cities to lower altitudes where there is more air between the people and outer space, or banning the use of high-altitude jet aircraft. The anti-nuclear lobby, as Feynman stated back in the 1960s, didn't crusade to reduce the bigger dose from background radiation. Instead they chose to argue against the *much smaller* doses from fallout pollution. Feynman's argument is still today falsely interpreted as a political statement, when it is actually exposing pseudo-science and countering political propaganda. It is still ignored by the media. It has been pointed out by Senator Hickenlooper on page 1060 of the May-June 1957 U.S. Congressional Hearings before the Special Subcommittee on Radiation of the Joint Committee on Atomic Energy, *The Nature of Radioactive Fallout and Its Effects on Man*:

'I presume all of us would earnestly hope that we never had to test atomic weapons ... but by the same token I presume that we want to save thousands of lives in this country every year and we could just abolish the manufacture of [road accident causing] automobiles ...'

Dihydrogen monoxide is a potentially very dangerous chemical containing hydrogen and oxygen which has caused numerous severe burns by scalding and deaths by drowning, contributes to the greenhouse effect, accelerates corrosion and rusting of many metals, and contributes to the erosion of our natural landscape: 'Dihydrogen monoxide (DHMO) is colorless, odorless, tasteless, and kills uncounted thousands of people every year. Most of these deaths are caused by accidental inhalation of DHMO, but the dangers of dihydrogen monoxide do not end there. Prolonged exposure to its solid form causes severe tissue damage. Symptoms of DHMO ingestion can include excessive sweating and urination, and possibly a bloated feeling, nausea, vomiting and body electrolyte imbalance. For those who have become dependent, DHMO withdrawal means certain death.'

From the site for the petition against dihydrogen monoxide: 'Please sign this petition and help stop This Invisible Killer. Get the government to do something now. ... Contamination Is Reaching Epidemic Proportions! Quantities of dihydrogen monoxide have been found in almost every stream, lake, and reservoir in America today. But the pollution is global, and the contaminant has even been found in Antarctic ice. DHMO has caused millions of dollars of property damage in the Midwest, and recently California.'

A recent example of the pseudoscientific radiation 'education' masquerading as science that Feynman (quoted above) objected to in the 1960s was published in 2009 in an article called 'The proportion of childhood leukaemia incidence in Great Britain that may be caused by natural background ionizing radiation' in *Leukemia*, vol. 23 (2009), pp. 770–776, which falsely asserts - in contradiction to the evidence that the no-threshold model is *contrary* to Hiroshima and Nagasaki data: 'Risk models based primarily on studies of the Japanese atomic bomb survivors imply that low-level exposure to ionizing radiation, including ubiquitous natural background radiation, also raises the risk of childhood leukaemia. Using two sets of recently published leukaemia risk models and estimates of natural background radiation red-bone-marrow doses received by children, about 20% of the cases of childhood leukaemia in Great Britain are predicted to be attributable to this source.' The authors of this pseudoscience which is the opposite of the facts are R. Wakeford (Dalton Nuclear Institute, University of Manchester, Manchester, UK), G. M. Kendall (Childhood Cancer Research Group, Oxford, UK), and M. P. Little (Department of Epidemiology and Public Health, Imperial College, London, UK). It is disgusting and sinful that the facts about childhood leukemia are being lied on so blatantly for non-scientific purposes, and it is to be hoped that these leukemia investigators will either correct their errors or alternatively be banned from using scientific literature to promote false dogma for deception until they mend the error of their ways and repent their sins in this matter.

Protein P53, discovered only in 1979, is encoded by gene TP53, which occurs on human chromosome 17. P53 also occurs in other mammals including mice, rats and dogs. P53 is one of the proteins which continually repairs breaks in DNA, which easily breaks at body temperature: the DNA in each cell of the human body suffers at least two single strand breaks every second, and one double strand (i.e. complete double helix) DNA break occurs at least once every 2 hours (5% of radiation-induced DNA breaks are double strand breaks, while 0.007% of spontaneous DNA breaks at body temperature are double strand breaks)! Cancer occurs when several breaks in DNA happen to occur by chance at nearly the same time, giving several loose strand ends at once, which repair proteins like P53 then repair incorrectly, causing a mutation which can be proliferated somatically. This cannot occur when only one break occurs, because only two loose ends are produced, and P53 will reattach them correctly. But if low-LET ionising radiation levels are increased to a certain extent, causing more single strand breaks, P53 works faster and is able deal with faster breaks as they occur, so that multiple broken strand ends do not arise. This prevents DNA strands being repaired incorrectly, and prevents cancer - a result of mutation caused by faults in DNA - from arising. Too much radiation of course overloads the P53 repair mechanism, and then it cannot repair breaks as they occur, so multiple breaks begin to appear and loose ends of DNA are wrongly connected by P53, causing an increased cancer risk.

1. DNA-damaging free radicals are equivalent to a source of sparks which is always present naturally.
2. Cancer is equivalent the fire you get if the sparks are allowed to ignite the gasoline, i.e. if the free radicals are allowed to damage DNA without the damage being repaired.
3. Protein P53 is equivalent to a fire suppression system which is constantly damping out the sparks, or repairing the damaged DNA so that cancer doesn't occur.



In this way of thinking, the 'cause' of cancer will be down to a failure of a DNA repairing enzyme like protein P53 to repair the damage.

Dr Jane Orient, 'Homeland Security for Physicians', *Journal of American Physicians and Surgeons*, vol. 11, number 3, Fall 2006, pp. 75-9:

'In the 1960s, a group of activist physicians called Physicians for Social Responsibility (PSR) undertook to "educate the medical profession and the world about the dangers of nuclear weapons," beginning with a series of articles in the *New England Journal of Medicine*. [Note that journal was publishing information for anti-civil defense propaganda back in 1949, e.g. the article in volume 241, pp. 647-53 of *New England Journal of Medicine* which falsely suggests that civil defense in nuclear war would be hopeless because a single burned patient in 1947 with 40% body area burns required 42 oxygen tanks, 36 pints of plasma, 40 pints of whole blood, 104 pints of fluids, 4,300 m of gauze, 3 nurses and 2 doctors. First, only unclothed persons in direct line of sight without shadowing can get 40% body area burns from thermal radiation, second, duck and cover offers protection in a nuclear attack warning, and G. V. LeRoy had already published, two years earlier, in *J.A.M.A.*, volume 134, 1947, pp. 1143-8, that less than 5% of burns in Hiroshima and Nagasaki were caused by building and debris fires. In medicine it is always possible to expend vast resources on patients who are fatally injured. In a mass casualty situation, doctors should not give up just because they don't have unlimited resources; as at Hiroshima and Nagasaki, they would need to do their best with what they have.] On its website, [www.psr.org](http://www.psr.org), the group boasts that it "led the campaign to end atmospheric nuclear testing." With this campaign, the linear no-threshold (LNT) theory of radiation carcinogenesis became entrenched. It enabled activists to calculate enormous numbers of potential casualties by taking a tiny risk and multiplying it by the population of the earth. As an enduring consequence, the perceived risks of radiation are far out of proportion to actual risks, causing tremendous damage to the American nuclear industry. ... Efforts to save lives were not only futile, but unethical: Any suggestion that nuclear war could be survivable increased its likelihood and was thus tantamount to warmongering, PSR spokesmen warned. ...

'For the mindset that engendered and enables this situation, which jeopardizes the existence of the United States as a nation as well as the lives of millions of its citizens, some American physicians and certain prestigious medical organizations bear a heavy responsibility.

'Ethical physicians should stand ready to help patients to the best of their ability, and not advocate sacrificing them in the name of a political agenda. Even very basic knowledge, especially combined with simple, inexpensive advance preparations, could save countless lives.'

Dr Theodore B. Taylor, *Proceedings of the Second Interdisciplinary Conference on Selected Effects of a General War*, DASIAC Special Report 95, July 1969, vol. 2, DASA-2019-2, AD0696959, page 298 (also linked here):

'I must just say that as far as I'm concerned I have had some doubts about whether we should have had a civil defense program in the past. I have no doubt whatsoever now, for this reason, that I've seen ways in which the deterrent forces can fail to hold things off, so that no matter what our national leaders do, criminal organizations, what have you, groups of people over which we have no control whatsoever, can threaten other groups of people.'

This point of Taylor is the key fact on the morality. Suppose we disarm and abandon nuclear power. That won't stop fallout from a war, terrorists, or a foreign reactor blast from coming. Civil defence knowledge is needed. Even when America has ABM, it will be vulnerable to wind carried fallout. No quantity of pacifist hot air will protect people against radiation.

Charles J. Hitch and Roland B. McKean of the RAND Corporation in their 1960 book *The Economics of Defense in the Nuclear Age*, Harvard University Press, Massachusetts, pp. 310-57:

'With each side possessing only a small striking force, a small amount of cheating would give one side dominance over the other, and the incentive to cheat and prepare a preventative attack would be strong ... With each side possessing, say, several thousand missiles, a vast amount of cheating would be necessary to give one side the ability to wipe out the other's striking capability. ... the more extensive a disarmament agreement is, the smaller the force that a violator would have to hide in order to achieve complete

domination. Most obviously, “the abolition of the weapons necessary in a general or ‘unlimited’ war” would offer the most insuperable obstacles to an inspection plan, since the violator could gain an overwhelming advantage from the concealment of even a few weapons.’

Disarmament after World War I caused the following problem which led to World War II (reported by Winston S. Churchill in the London Daily Express newspaper of November 1, 1934):

‘Germany is arming secretly, illegally and rapidly. A reign of terror exists in Germany to keep secret the feverish and terrible preparations they are making.’

British Prime Minister Thatcher's address to the United Nations General Assembly on disarmament on 23 June 1982, where she pointed out that in the years since the nuclear attacks on Hiroshima and Nagasaki, 10 million people had been killed by 140 non-nuclear conflicts:

‘The fundamental risk to peace is not the existence of weapons of particular types. It is the disposition on the part of some states to impose change on others by resorting to force against other nations ... Aggressors do not start wars because an adversary has built up his own strength. They start wars because they believe they can gain more by going to war than by remaining at peace.’

J. D. Culshaw, the then Director of the U.K. Home Office Scientific Advisory Branch, stated in his article in the Scientific Advisory Branch journal *Fission Fragments*, September 1972 (issue No. 19), classified 'Restricted':

'Apart from those who don't want to know or can't be bothered, there seem to be three major schools of thought about the nature of a possible Third World War ...

\* 'The first group think of something like World War II but a little worse ...

\* '... the second of World War II but very much worse ...

\* 'and the third group think in terms of a catastrophe ...

'When the Armageddon concept is in favour, the suggestion that such problems exist leads to "way out" research on these phenomena, and it is sufficient to mention a new catastrophic threat [e.g., 10 years later this was done by Sagan with "nuclear winter" hype, which turned out to be fake because modern concrete cities can't produce firestorms like 1940s wooden-built areas of Hamburg, Dresden and Hiroshima] to stimulate research into the possibilities of it arising. The underlying appeal of this concept is that if one could show that the execution of all out nuclear, biological or chemical warfare would precipitate the end of the world, no one but a mad man would be prepared to initiate such a war. [However, as history proves, plenty of mad men end up gaining power and leading countries into wars.]'

J. K. S. Clayton, then Director of the U.K. Home Office Scientific Advisory Branch, stated in his introduction, entitled *The Challenge - Why Home Defence?*, to the 1977 Home Office Scientific Advisory Branch *Training Manual for Scientific Advisers*:

'Since 1945 we have had nine wars - in Korea, Malaysia and Vietnam, between China and India, China and Russia, India and Pakistan and between the Arabs and Israelis on three occasions. We have had confrontations between East and West over Berlin, Formosa and Cuba. There have been civil wars or rebellions in no less than eleven countries and invasions or threatened invasions of another five. Whilst it is not suggested that all these incidents could have resulted in major wars, they do indicate the aptitude of mankind to resort to a forceful solution of its problems, sometimes with success. ...'

It is estimated that Mongol invaders exterminated 35 million Chinese between 1311-40, without modern weapons. Communist Chinese killed 26.3 million dissenters between 1949 and May 1965, according to detailed data compiled by the Russians on 7 April 1969. The Soviet communist dictatorship killed 40 million dissenters, mainly owners of small farms, between 1917-59. Conventional (non-nuclear) air raids on Japan killed 600,000 during World War II. The single incendiary air raid on Tokyo on 10 March 1945 killed 140,000 people (more than the total for nuclear bombs on Hiroshima and Nagasaki combined) at much less than the \$2 billion

expense of the Hiroshima and Nagasaki nuclear bombs! Non-nuclear air raids on Germany during World War II killed 593,000 civilians. The argument that the enemy will continue stocking megaton fallout weapons if we go to cleaner weapons is irrelevant for deterrence, since we're not planning to start war, just to credibly deter invasions. You should not try to lower your standards of warfare to those of your enemy to appease groupthink taboos, or you will end up like Britain's leaders in the 1930s, trying to collaborate with fascists for popular applause.

House of Lords debate *Nuclear Weapons: Destructive Power*, published in Hansard, 14 June 1988:

Lord Hailsham of Saint Marylebone: 'My Lords, if we are going into the question of lethality of weapons and seek thereby to isolate the nuclear as distinct from the so-called conventional range, is there not a danger that the public may think that Vimy, Passchendaele and Dresden were all right—sort of tea parties—and that nuclear war is something which in itself is unacceptable?'

Lord Trefgarne: 'My Lords, the policy of making Europe, or the rest of the world, safe for conventional war is not one that I support.'

House of Commons debate *Civil Defence* published in Hansard, 26 October 1983:

Mr. Bill Walker (Tayside, North): 'I remind the House that more people died at Stalingrad than at Hiroshima or Nagasaki. Yet people talk about fighting a conventional war in Europe as if it were acceptable. One rarely sees demonstrations by the so-called peace movement against a conventional war in Europe, but it could be nothing but ghastly and horrendous. The casualties would certainly exceed those at Stalingrad, and that cannot be acceptable to anyone who wants peace'

On 29 October 1982, Thatcher stated of the Berlin Wall: 'In every decade since the war the Soviet leaders have been reminded that their pitiless ideology only survives because it is maintained by force. But the day comes when the anger and frustration of the people is so great that force cannot contain it. Then the edifice cracks: the mortar crumbles ... one day, liberty will dawn on the other side of the wall.'

On 22 November 1990, she said: 'Today, we have a Europe ... where the threat to our security from the overwhelming conventional forces of the Warsaw Pact has been removed; where the Berlin Wall has been torn down and the Cold War is at an end. These immense changes did not come about by chance. They have been achieved by strength and resolution in defence, and by a refusal ever to be intimidated.'

'The case for civil defence stands regardless of whether a nuclear deterrent is necessary or not. ... Even if the U.K. were not itself at war, we would be as powerless to prevent fallout from a nuclear explosion crossing the sea as was King Canute to stop the tide.' - U.K. Home Office leaflet, *Civil Defence*, 1982.

'... peace cannot be guaranteed absolutely. Nobody can be certain, no matter what policies this or any other Government were to adopt, that the United Kingdom would never again be attacked. Also we cannot tell what form such an attack might take. Current strategic thinking suggests that if war were to break out it would start with a period of conventional hostilities of uncertain duration which might or might not escalate to nuclear conflict. ... while nuclear weapons exist there must always be a chance, however small, that they will be used against us [like gas bombs in World War II]. ... as a consequence of war between other nations in which we were not involved fall out from nuclear explosions could fall on a neutral Britain. ... conventional war is not the soft option that is sometimes suggested. It is also too easily forgotten that in World War II some 50 million people died and that conventional weapons have gone on killing people ever since 1945 without respite.' - - The Minister of State, Scottish Office (Lord Gray of Contin), House of Lords debate on Civil Defence (General Local Authority Functions) Regulations, Hansard, vol. 444, cc. 523-49, 1 November 1983.

'All of us are living in the light and warmth of a huge hydrogen bomb, 860,000 miles across and 93 million miles away, which is in a state of continuous explosion.' - Dr Isaac Asimov.

'Dr Edward Teller remarked recently that the origin of the earth was somewhat like the explosion of the atomic bomb...' - Dr Harold C. Urey, *The Planets: Their Origin and Development*, Yale University Press, New Haven, 1952, p. ix.

‘But compared with a supernova a hydrogen bomb is the merest trifle. For a supernova is equal in violence to about a million million million hydrogen bombs all going off at the same time.’ – Sir Fred Hoyle (1915-2001), *The Nature of the Universe*, Pelican Books, London, 1963, p. 75.

‘In fact, physicists find plenty of interesting and novel physics in the environment of a nuclear explosion. Some of the physical phenomena are valuable objects of research, and promise to provide further understanding of nature.’ – Dr Harold L. Brode, The RAND Corporation, ‘Review of Nuclear Weapons Effects,’ *Annual Review of Nuclear Science*, Volume 18, 1968, pp. 153-202.

‘It seems that similarities do exist between the processes of formation of single particles from nuclear explosions and formation of the solar system from the debris of a  $4 \times 10^{28}$  megatons of TNT equivalent, type Ia) supernova explosion. We may be able to learn much more about the origin of the earth, by further investigating the process of radioactive fallout from the nuclear weapons tests.’ – Dr Paul K. Kuroda (1917-2001), University of Arkansas, ‘Radioactive Fallout in Astronomical Settings: Plutonium-244 in the Early Environment of the Solar System,’ pages 83-96 of *Radionuclides in the Environment: A Symposium Sponsored By the Division of Nuclear Chemistry and Technology At the 155th Meeting of the American Chemical Society, San Francisco, California, April 1-3, 1968*, edited by Symposium Chairman Dr Edward C. Freiling (1922-2000) of the U.S. Naval Radiological Defense Laboratory, Advances in Chemistry Series No. 93, American Chemical Society, Washington, D.C., 1970.

Dr Paul K. Kuroda (1917-2001) in 1956 correctly predicted the existence of water-moderated natural nuclear reactors in flooded uranium ore seams, which were discovered in 1972 by French physicist Francis Perrin in three ore deposits at Oklo in Gabon, where sixteen sites operated as natural nuclear reactors with self-sustaining nuclear fission 2,000 million years ago, each lasting several hundred thousand years, averaging 100 kW. The radioactive waste they generated remained in situ for a period of 2,000,000,000 years without escaping. They were discovered during investigations into why the U-235 content of the uranium in the ore was only 0.7171% instead of the normal 0.7202%. Some of the ore, in the middle of the natural reactors, had a U-235 isotopic abundance of just 0.440%. Kuroda's brilliant paper is entitled, 'On the Nuclear Physical Stability of the Uranium Minerals', published in the *Journal of Chemical Physics*, vol. 25 (1956), pp. 781-782 and 1295-1296.

A type Ia supernova explosion, always yielding  $4 \times 10^{28}$  megatons of TNT equivalent, results from the critical mass effect of the collapse of a white dwarf as soon as its mass exceeds 1.4 solar masses due to matter falling in from a companion star. The degenerate electron gas in the white dwarf is then no longer able to support the pressure from the weight of gas, which collapses, thereby releasing enough gravitational potential energy as heat and pressure to cause the fusion of carbon and oxygen into heavy elements, creating massive amounts of radioactive nuclides, particularly intensely radioactive nickel-56, but half of all other nuclides (including uranium and heavier) are also produced by the 'R' (rapid) process of successive neutron captures by fusion products in supernovae explosions. Type Ia supernovae occur typically every 400 years in the Milky Way galaxy. On 4 July 1054, Chinese astronomers observed in the sky (without optical instruments) the bright supernova in the constellation Taurus which today is still visible as the Crab Nebula through telescopes. The Crab Nebula debris has a diameter now of 7 light years and is still expanding at 800 miles/second. The supernova debris shock wave triggers star formation when it encounters hydrogen gas in space by compressing it and seeding it with debris; bright stars are observed in the Orion Halo, the 300 light year diameter remains of a supernova. It is estimated that when the solar system was forming 4,540 million years ago, a supernova occurred around 100 light years away, and the heavy radioactive debris shock wave expanded at 1,000 miles/second. Most of the heavy elements including iron, silicon and calcium in the Earth and people are the stable end products of originally radioactive decay chains from the space burst fallout of a  $7 \times 10^{26}$  megatons thermonuclear explosion, created by fusion and successive neutron captures after the implosion of a white dwarf; a supernova explosion.

How would a  $10^{55}$  megaton hydrogen bomb explosion differ from the big bang? Ignorant answers biased in favour of curved spacetime (ignoring quantum gravity!) abound, such as claims that explosions can't take place in 'outer space' (disagreeing with the facts from nuclear space bursts by Russia and America in 1962, not to mention natural supernova explosions in space!) and that explosions produce sound waves in air by definition! There are indeed major differences in the nuclear reactions between the big bang and a nuclear bomb. But it is helpful to notice the solid physical fact that implosion systems suggest the mechanism of gravitation: in implosion, TNT is well-known to produce an *inward* force on a bomb core, but Newton's 3rd law says there is an

equal and opposite reaction force *outward*. In fact, you can't have a radially outward force without an inward reaction force! It's the rocket principle. The rocket accelerates (with force  $F = ma$ ) *forward* by virtue of the recoil from accelerating the exhaust gas (with force  $F = -ma$ ) in the *opposite* direction! Nothing massive accelerates without an equal and opposite reaction force. Applying this *fact* to the measured  $6 \times 10^{-10} \text{ ms}^{-2} \sim Hc$  cosmological acceleration of matter radially outward from observers in the universe which was predicted accurately in 1996 and later observationally discovered in 1999 (by Perlmutter, et al.), we find an outward force  $F = ma$  and inward reaction force by the 3rd law. The inward force allows quantitative predictions, and is mediated by gravitons, predicting gravitation in a checkable way (unlike string theory, which is just a landscape of  $10^{500}$  different perturbative theories and so can't make any falsifiable predictions about gravity). So it seems as if nuclear explosions do indeed provide helpful analogies to natural features of the world, and the mainstream lambda-CDM model of cosmology - with its force-fitted unobserved *ad hoc* speculative 'dark energy' - ignores and sweeps under the rug major quantum gravity effects which increase the physical understanding of particle physics, particularly force unification and the relation of gravitation to the existing electroweak  $SU(2) \times U(1)$  section of the Standard Model of fundamental forces.

Richard Lieu, Physics Department, University of Alabama, 'Lambda-CDM cosmology: how much suppression of credible evidence, and does the model really lead its competitors, using all evidence?', <http://arxiv.org/abs/0705.2462>.

Even Einstein grasped the possibility that general relativity's lambda-CDM model is at best just a classical approximation to quantum field theory, at the end of his life when he wrote to Besso in 1954:

'I consider it quite possible that physics cannot be based on the [classical differential equation] field principle, i.e., on continuous structures. In that case, nothing remains of my entire castle in the air, [non-quantum] gravitation theory included ...'

'Science is the organized skepticism in the reliability of expert opinion.' - Professor Richard P. Feynman (quoted by Professor Lee Smolin, *The Trouble with Physics*, Houghton-Mifflin, New York, 2006, p. 307).

'The expression of dissenting views may not seem like much of a threat to a powerful organization, yet sometimes it triggers an amazingly hostile response. The reason is that a single dissenter can puncture an illusion of unanimity. ... Among those suppressed have been the engineers who tried to point out problems with the Challenger space shuttle that caused it to blow up. More fundamentally, suppression is a denial of the open dialogue and debate that are the foundation of a free society. Even worse than the silencing of dissidents is the chilling effect such practices have on others. For every individual who speaks out, numerous others decide to play it safe and keep quiet. More serious than external censorship is the problem of self-censorship.'

— Professor Brian Martin, University of Wollongong, 'Stamping Out Dissent', *Newsweek*, 26 April 1993, pp. 49-50

In 1896, Sir James Mackenzie-Davidson asked Wilhelm Röntgen, who discovered X-rays in 1895: 'What did you think?' Röntgen replied: 'I did not think, I investigated.' The reason? Cathode ray expert J. J. Thomson in 1894 saw glass fluorescence far from a tube, but due to prejudice (expert opinion) he avoided investigating that X-ray evidence! 'Science is the organized skepticism in the reliability of expert opinion.' - Richard Feynman, in Lee Smolin, *The Trouble with Physics*, Houghton-Mifflin, 2006, p. 307.

Mathematical symbols in this blog: your computer's browser needs access to standard character symbol sets to display Greek symbols for mathematical physics. If you don't have the symbol character sets installed, the density symbol ' $\rho$ ' (*Rho*) will appear as 'r' and the ' $\pi$ ' (*Pi*) symbol will as 'p', causing confusion with the use of 'r' for radius and 'p' for momentum in formulae. This problem exists with Mozilla Firefox 3, but not with Microsoft Explorer which displays Greek symbols.

#### About Me



Name: nige

Currently designing secure active server page (ASP) front ends for client SQL databases. In 1982 I began programming in basic, and at college learned Fortran while a physics undergraduate a decade later. Afterwards, I switched from mainstream physics and mathematical education to part-time programming student, while working in a series of jobs



including four years in credit control. [www.quantumfieldtheory.org](http://glasstone.blogspot.co.uk/2015/07/capabilities-of-nuclear-weapons.html/) <http://glasstone.blogspot.co.uk/2015/07/capabilities-of-nuclear-weapons.html/> <http://www.math.columbia.edu/~woit/wordpress/?p=273#comment-5322>.  
<http://www.math.columbia.edu/~woit/wordpress/?p=353&cpag=1#comment-8728>.  
<http://www.math.columbia.edu/~woit/wordpress/?p=215#comment-4082>.

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From 1945-62, America tested 216 nuclear weapons in the atmosphere, totalling 154 megatons, with a mean yield of 713 kilotons

From 1949-62, Russia tested 214 nuclear weapons in the atmosphere, totalling 281 megatons, with a mean yield of 1.31 megatons

From 1952-8, Britain tested 21 nuclear weapons in the atmosphere, totalling 10.8 megatons, with a mean yield of 514 kilotons

From 1960-74, France tested 46 nuclear weapons in the atmosphere, totalling 11.4 megatons, with a mean yield of 248 kilotons

From 1964-80, China tested 23 nuclear weapons in the atmosphere, totalling 21.5 megatons, with a mean yield of 935 kilotons

In summary, from 1945-80, America, Russia, Britain, France and China tested 520 nuclear weapons in the atmosphere, totalling 478.7 megatons, with a mean yield of 921 kilotons

Mean yield of the 5,192 nuclear warheads and bombs in the deployed Russian nuclear stockpile as of January 2009: 0.317 Mt. Total yield: 1,646 Mt.

Mean yield of the 4,552 nuclear warheads and bombs in the deployed U.S. nuclear stockpile as of January 2007: 0.257 Mt. Total yield: 1,172 Mt.

For diffraction damage where damage areas scale as the two-thirds power of explosive yield, this stockpile's area damage potential can be compared to the 20,000,000 conventional bombs of 100 kg size (2 megatons of TNT equivalent total *energy*) dropped on Germany during World War II: (Total nuclear bomb blast diffraction damaged ground *area*)/(Total conventional blast diffraction damaged ground *area* to Germany during World War II) =  $[4,552 * (0.257 \text{ Mt})^{2/3}] / [20,000,000 * (0.0000001 \text{ Mt})^{2/3}] = 1,840/431 = 4.3$ . Thus, although the entire U.S. stockpile has a TNT *energy* equivalent to 586 times that of the 2 megatons of conventional bombs dropped on Germany in World War II, it is only capable of causing 4.3 times as much diffraction type damage area, because *any given amount of explosive energy is far more efficient when distributed over many small explosions than in a single large explosion! Large explosions are inefficient because they cause unintended collateral damage, wasting energy off the target area and injuring or damaging unintended targets!*

In a controlled sample of 36,500 survivors, 89 people got leukemia over a 40 year period, above the number in the unexposed control group. (Data: *Radiation Research*, volume 146, 1996, pages 1-27.) Over 40 years, in 36,500 survivors monitored, there were 176 leukemia deaths which is 89 more than the control (unexposed) group got naturally. There were 4,687 other cancer deaths, but that was merely 339 above the number in the control (unexposed) group, so this is statistically a much smaller rise than the leukemia result. Natural leukemia rates, which are very low in any case, were increased by 51% in the irradiated survivors, but other cancers were merely increased by just 7%. Adding all the cancers together, the total was 4,863 cancers (virtually all natural cancer, nothing whatsoever to do with radiation), which is just 428 more than the unexposed control group. Hence, the total increase over the natural cancer rate due to bomb exposure was only 9%, spread over a period of 40 years. There was no increase whatsoever in genetic malformations.

There should be a note here about how unnatural radioactive pollution is (not) in space: the earth's atmosphere is a radiation shield equivalent to being protected behind a layer of water 10 metres thick. This reduces the cosmic background radiation by a factor of 100 of what it would be without the earth's atmosphere. Away from the largely uninhabited poles, the Earth's magnetic field also protects us against charged cosmic radiations, which are deflected and end up spiralling around the magnetic field at high altitude, in the Van Allen trapped radiation belts. *On the Moon, for example, there is no atmosphere or significant magnetic field so the natural*

*background radiation exposure rate at solar minimum is 1 milliRoentgen per hour (about 10 microSieverts/hour) some 100 times that on the Earth (0.010 milliRoentgen per hour or about 0.10 microSieverts/hour). The Apollo astronauts visiting the Moon wore dosimeters and they received an average of 275 milliRoentgens (about 2.75 milliSieverts) of radiation (well over a year's exposure to natural background at sea level) in over just 19.5 days. It is a lot more than that during a solar flare, which is one of the concerns for astronauts to avoid (micrometeorites are another concern in a soft spacesuit).*

The higher up you are above sea level, the less of the atmosphere there is between you and space, so the less shielding you have to protect you from the intense cosmic space radiations (emitted by thermonuclear reactors we call 'stars', as well as distant supernovae explosions). At sea level, the air above you constitutes a radiation shield of 10 tons per square metre or the equivalent of having a 10 metres thick water shield between you and outer space. As you go up a mountain or up in an aircraft, the amount of atmosphere between you and space decreases, thus radiation levels increase with altitude because there is less shielding. *The normal background radiation exposure rate shoots up by a factor of 20, from 0.010 to 0.20 milliRoentgens per hour, when any airplane ascends from sea level to 36,000 feet cruising altitude.* (The now obsolete British Concorde supersonic transport used to maintain radiation-monitoring equipment so that it could drop to lower-altitude flight routes if excessive cosmic radiation due to solar storms were detected.) Flight aircrew get more radiation exposure than many nuclear industry workers at nuclear power plants. Residents of the high altitude city of Denver get 100 milliRoentgens (about 1 milliSievert) more annual exposure than a resident of Washington, D.C., but the mainstream anti-radiation cranks don't campaign for the city to be shut to save kids radiation exposure, for mountain climbing to be banned, etc.!

1994 revised Introduction to Kearny's Nuclear War Survival Skills, by Dr Edward Teller, January 14, 1994:

'If defense is neglected these weapons of attack become effective. They become available and desirable in the eyes of an imperialist dictator, even if his means are limited. Weapons of mass destruction could become equalizers between nations big and small, highly developed and primitive, if defense is neglected. If defense is developed and if it is made available for general prevention of war, weapons of aggression will become less desirable. Thus defense makes war itself less probable. ... One psychological defense mechanism against danger is to forget about it. This attitude is as common as it is disastrous. It may turn a limited danger into a fatal difficulty.'

Advice of Robert Watson-Watt (Chief Scientist on the World War II British Radar Project, defending Britain against enemy attacks): 'Give them the third best to go on with, the second best comes too late, the best never comes.'

From Wikipedia (a source of groupthink): 'Groupthink is a type of thought exhibited by group members who try to minimize conflict and reach consensus without critically testing, analyzing, and evaluating ideas. Individual creativity, uniqueness, and independent thinking are lost in the pursuit of group cohesiveness, as are the advantages of reasonable balance in choice and thought that might normally be obtained by making decisions as a group. During groupthink, members of the group avoid promoting viewpoints outside the comfort zone of consensus thinking. A variety of motives for this may exist such as a desire to avoid being seen as foolish, or a desire to avoid embarrassing or angering other members of the group. Groupthink may cause groups to make hasty, irrational decisions, where individual doubts are set aside, for fear of upsetting the group's balance.'

## Links

- ◆ [Google News](#)
- ◆ [Dr Carl E. Baum's EMP theory and interaction notes](#)
- ◆ [The Atomic Heritage Foundation](#)
- ◆ [Radiation Effects Research Foundation lumps data together to cover up benefits of low dose radiation in Hiroshima and Nagasaki Life Span Study!](#)
- ◆ [DTRA \(Defense Threat Reduction Agency\) Nuclear testing histories \(PDF files\)](#)
- ◆ [Samuel Glasstone and Philip J. Dolan](#)
- ◆ [Carl F. Miller's fallout research at nuclear tests](#)

- ◆ British Home Office Scientific Advisory Branch
- ◆ Samuel Cohen's book about the collateral damage averting, invasion-detering neutron bomb he invented, and the lying political attacks he endured as a result
- ◆ Jerry Emanuelson's review of EMP facts, including the direct dependence of the EMP on the Earth's natural magnetic field strength at the burst location
- ◆ Essays by 1950s American nuclear weapon effects test (and neutron bomb design) experts, discrediting anti-civil defence propaganda
- ◆ Neutron bomb inventor Samuel Cohen's 2006 book on the history of the neutron bomb, the most moral weapon ever invented due to its purely military deterrent capabilities, and the pseudo-scientific propaganda war he has had to endure from the enemies of deterrence
- ◆ Karl-Ludvig Grønhaug's EMP reports page with useful PDF downloads on prompt EMP and MHD-EMP measurements from nuclear tests (Norwegian language)
- ◆ Colonel Derek L. Duke's factual book on nuclear weapons accidents, *Chasing Loose Nukes, as told to Fred Dungan*
- ◆ The H-Bomb and the birth of the Universe: 'For 100 Million years after time began, the universe was dark as pitch. The clouds of hydrogen condensed into huge nuclear fireballs. That moment-when the universe first lit up-was the moment of creation that matters...'
- ◆ American *EMP Interaction* manual: comprehensive theory of both the EMP source mechanism and the EMP pick-up in cables and antenna by electromagnetic inductance (30 MB PDF file)
- ◆ British Mission to Japan, *The Effects of the Atomic Bombs at Hiroshima and Nagasaki*, H. M. Stationery Office, London, 1946 (high quality 42.5 MB pdf file).
- ◆ 1950 edition (high quality 82.7 MB PDF file) of U.S. Department of Defense book *The Effects of Atomic Weapons*
- ◆ 1957 edition (high quality 90.8 MB PDF file) of subsequently deleted sections on nuclear tests of civil defense countermeasures from U.S. Department of Defense book *The Effects of Nuclear Weapons*
- ◆ 1957 edition (low quality 30.6 MB PDF file) of entire U.S. Department of Defense book *The Effects of Nuclear Weapons*
- ◆ 1962/64 edition (high quality 188 MB PDF file) of major revised sections in the U.S. Department of Defense book *The Effects of Nuclear Weapons*
- ◆ 1962/64 edition (high quality 43.8 MB PDF file) of 74 pages of subsequently deleted material dealing with thermal ignition of houses at nuclear tests and civil defense countermeasures chapter, from the U.S. Department of Defense book *The Effects of Nuclear Weapons*
- ◆ 1977 edition (single 36.8 MB PDF file) of U.S. Department of Defense book *The Effects of Nuclear Weapons*
- ◆ Bill Forstchen, "One Second After" book about EMP attack risk and its effects on USA.
- ◆ U.S. Department of Energy Opennet Documents Online (includes many Nevada and Pacific nuclear test reports as PDF files)
- ◆ Defense Technical Information Center (DTIC)'s Scientific and Technical Information Network (STINET) Service (other declassified Nevada and Pacific test reports)
- ◆ Highlights from ABM testing history
- ◆ THAAD Goes Another ABM Test
- ◆ Alex Wellerstein's Restricted Data blog contains some interesting news (but beware of his uncritical use of unobstructed dry desert and nude skin thermal radiation and other effects predictions from the 1977 edition of Glasstone and Dolan; he deletes critically objective comments and pretends that honest criticisms of propaganda as being ignorant deception are rude as an excuse for ignoring the facts and refusing to engage in objective discussion of controversial aspects of this topic; basically if you pay homage and engage in groupthink bias you may be tolerated).
- ◆ Carey Sublette's Nuclear Weapon Archive (it contains errors from Chuck Hansen's compilation, and it is concentrated on bomb building, not on civil defence countermeasure evaluations done at nuclear tests; note that Chuck Hansen's books and CDs

give a false quotation from Neil O' Hines's book *Proving Ground* on the effects of the 1952 Mike explosion on nearby Engebi Island, where Hines later in the book states that the native rats in fact *survived the intense close-in blast, heat and fallout under a few unches of soil, despite the initial ignorant belief that they could not have survived!!!*)

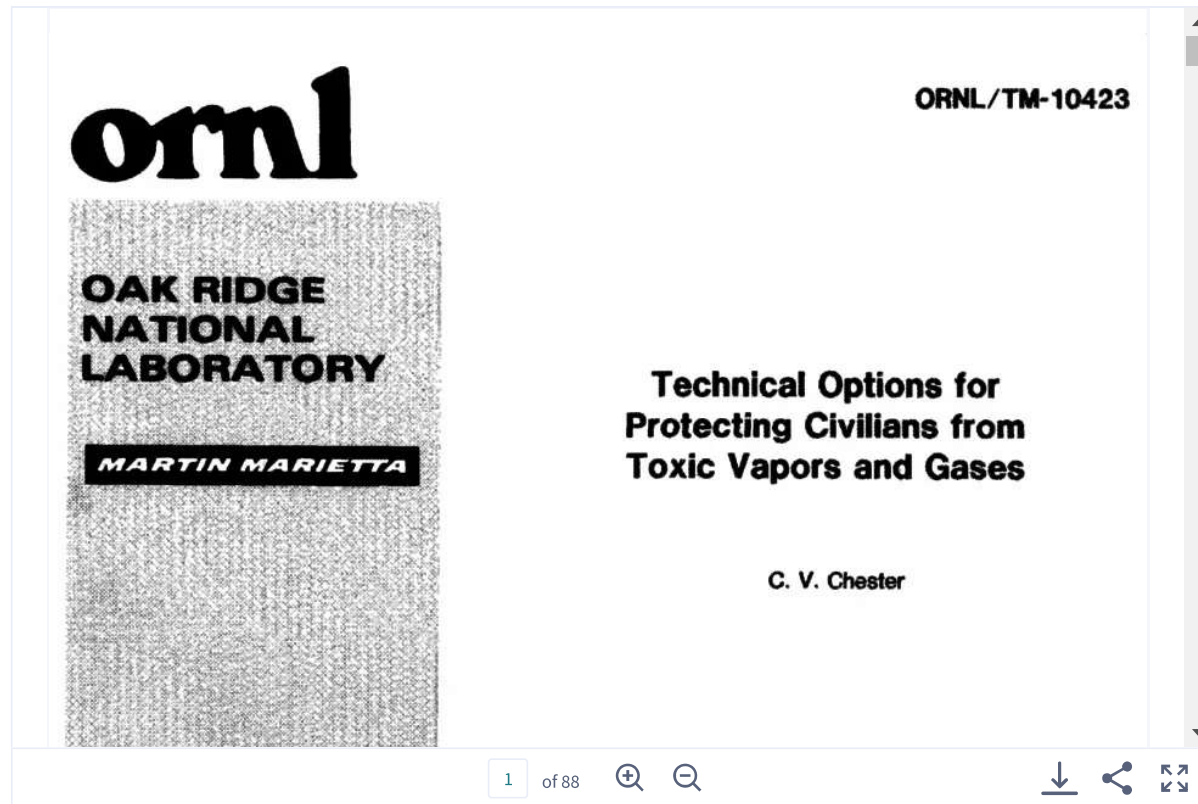
- Quantum Field Theory
- Los Alamos Science journal
- Excellent particle physics gauge theory (fundamental force interaction) issue of Los Alamos Science journal
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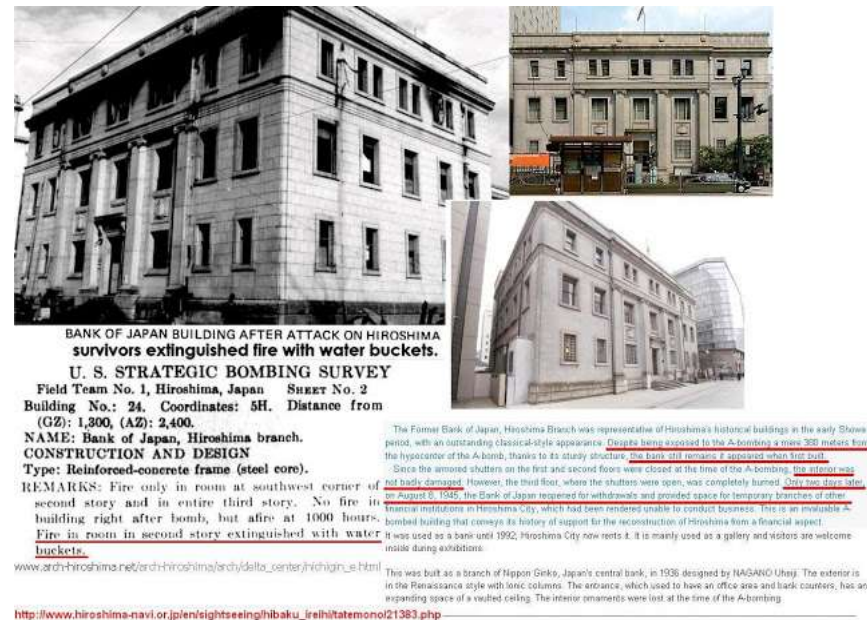
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British Restricted manual, An Introduction to Nucl...



The Bank of Japan, Hiroshima, survived 380 m from Ground Zero, within the firestorm area, when fires were extinguished by water buckets by its survivors, the majority of people in the building having survived. Secret US Strategic Bombing Survey report proves civil defense for modern concrete buildings is effective. The building was reopened as a bank on 8 August, merely two days after nuclear attack, and continued in use as a bank until 1992. It remains in Hiroshima. This beautifully designed and sturdy reinforced concrete building was designed in 1936 by Nagano Uheiji. Cook's law: "Any man called Godwin who claims it is immoral to learn the lessons from the results of Nazi racist eugenics pseudoscience and to apply those lessons to those terrible media dominating celebrity-taboo-lovers who appease, cover-up, or defend the continuation of an evil, irrational pseudoscience which is causing unnecessary suffering today, is defending injustice, inhumanity and irrational consensus evil and is not behaving as a humane, objective, person. We need to ensure that the worst mistakes of the past are never repeated, if we are just, moral and caring towards our fellow human beings who do not deserve to be fed lies and dangerously complacent one-sided, biased propaganda based on a populist love of obsolete dogma, and/or a hatred of the search for objective fact, by pseudo-educationalists who prefer to live in utopia than in the real world of their fellow folk!"